

Family and Friends Contact Form

Persons who are involved in your care (family, friends, other doctors, etc.) may inquire about your treatment, lab results, prescriptions, appointment dates and times, etc. Please let us know what persons we may share information with. (Please note: In emergency situations or other situations outlined in our Notice of Privacy Practice we may share information with others who are not specifically listed on this form.)

Please list those persons (including Family, Friends, and Employer) with whom we may or may not share your information:

Yes/No _____	Yes/No _____
Yes/No _____	Yes/No _____
Yes/No _____	Yes/No _____
Yes/No _____	Yes/No _____

Examples: Employer, Spouse, Friend calls to verify appointment or if someone calls to see if you have been sent to the hospital.

What is the BEST phone number for us to contact you?

Phone Number: _____

What is this number (Home, Work, Cell, Other)? _____

From time to time we will leave a message for you (as stated in our Notice of Privacy Practices) on an answering machine, voice mail, or with another individual in your absence. Is it OK for such message to include details (such as diagnosis and medication information) at this number? _____

What other ways may we contact you?

Phone Number: _____

Is it OK to leave a detailed message at this number in your absence?

Phone Number: _____

Is it OK to leave a detailed message at this number in your absence?

Phone Number: _____

Is it OK to leave a detailed message at this number in your absence?

Other: _____

Is it OK to leave a detailed message at this number in your absence?

Signature of Patient or Legal Representative Date

Print Name of Patient or Legal Representative Date