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## Consent for Medical Information Release

There are times we are asked to give family members or others information on test results, especially if you will not be available to received them. If you would like for us to give out information regarding your treatment and/or test results to your family or friends, please fill in their name and their relationship to you. **Please designate which type of information each person may receive** by checking the items we may release and any item we should not disclose. Make your own notes in necessary for clarification.

**Definitions:**

- All Information Any and all information we have in our file related to you which may include billing information, appointments, lab results, treatment, test results, etc.
- Appointment Only Only information related to appointment dates and times.
- Office Notes Only information related to your actual office visit for a specific date.
- Operative Reports Only information related to any surgical/operative procedure.

<u>Relationship to patient</u>	<u>Name of person allowed To Receive Information</u>	<u>Type of Information Which May be Released</u>			
Mother	_____	<input type="checkbox"/> All Info	<input type="checkbox"/> Appt Only	<input type="checkbox"/> Office Notes	<input type="checkbox"/> Op Reports
Father	_____	<input type="checkbox"/> All Info	<input type="checkbox"/> Appt Only	<input type="checkbox"/> Office Notes	<input type="checkbox"/> Op Reports
Spouse	_____	<input type="checkbox"/> All Info	<input type="checkbox"/> Appt Only	<input type="checkbox"/> Office Notes	<input type="checkbox"/> Op Reports
Child	_____	<input type="checkbox"/> All Info	<input type="checkbox"/> Appt Only	<input type="checkbox"/> Office Notes	<input type="checkbox"/> Op Reports
_____	_____	<input type="checkbox"/> All Info	<input type="checkbox"/> Appt Only	<input type="checkbox"/> Office Notes	<input type="checkbox"/> Op Reports
_____	_____	<input type="checkbox"/> All Info	<input type="checkbox"/> Appt Only	<input type="checkbox"/> Office Notes	<input type="checkbox"/> Op Reports

NO INFORMATION IS TO BE RELEASED

\_\_\_\_\_  
(Print Patient's Name)

\_\_\_\_\_  
(Patient Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Staff Witness)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Division)