

HIPAA Disclosure Information

(Health information may include, but is not limited to: Appointment reminders, Medication Education, Lab Results, Diagnostic Results, Treatment Plan or Options)

Patient Name: _____ DOB: _____

Is it okay to send written communication? YES NO

Best Phone Number to use: _____ Home Work Cell (Circle)

Is it okay to leave a detailed message on this number? YES NO

I hereby authorize Lake Road Family Medicine to release or discuss information related to my health status to the selected below: (example: Spouse, Children, Family Member, etc...)

I DECLINE (If you check "decline" we only have permission to speak with you)

Name & Relationship to Patient Patient's Initials

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Signature of Patient or Legal Representative **Date**

This form is valid until such time as the patient updates information with our office