**INFORMATION RELEASE**

1. Dr. Kha or a member of his office staff may release medical information to specified persons other than myself. \_\_\_\_Yes \_\_\_\_\_No

 Authorized Person Relationship

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Only** the persons listed above will be allowed to receive your medical information.

2. What medical information can be released?

 Laboratory results \_\_\_\_\_Yes \_\_\_\_\_No

 X-ray results \_\_\_\_\_Yes \_\_\_\_\_No

 Medications \_\_\_\_\_Yes \_\_\_\_\_No

 Medical Status \_\_\_\_\_Yes \_\_\_\_\_No

 Appointment dates/times \_\_\_\_\_Yes \_\_\_\_\_No

3. If we need to contact you regarding your appointment and we get your answering machine, may

 we leave a message on your machine? \_\_\_\_\_Yes \_\_\_\_\_No

 If someone else answers the phone, may we leave a message? \_\_\_\_\_Yes \_\_\_\_\_No

 May we call your cell phone? \_\_\_\_\_Yes \_\_\_\_\_No

 Cell phone number (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

4. What is the best phone number for us to call with test results? (\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_\_

5. If unable to reach you by phone, may we mail your results? \_\_\_\_\_Yes \_\_\_\_\_No

 If yes, to what address do you want us to send the test results?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Patient’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Patient’s Name