

ept Rehabilitation

Dear Patient:

Every once in a while, a situation comes up where a loved one, of one of our patients, a husband or mother for example, calls the office asking for information about you. They may ask for medical information, ask if you have an appointment, or if you are in the office being seen. Because of patient confidentiality (HIPAA), we are unable to give out any kind of information on our patients, even to a husband or mother. We are asking, if at any time you would like information given to a certain person or persons about your care, that you would sign this form and list any individual to whom we can give your information. This form may be revoked at any time in writing.

May we leave a detailed message on your voicemail? Yes No

Type of information that may be released:

- All Information
- Only the following information: _____
- Make/Change Appointments

Persons we may give information to:

Name: _____ Relationship: _____
Phone: _____

Name: _____ Relationship: _____
Phone: _____

Patient Name: _____

Please Print

Patient Signature

Date