

PRIVACY INFORMATION

In order to comply with federal regulations regarding your privacy in our office, we ask that you complete the following questions:

May we leave appointment messages on/with:

May we leave other medical info on/with:

Your answering machine? ___Yes ___No

Your answering machine? ___ Yes ___ No

Office Voice Mail ___Yes ___No

Office Voice Mail? ___ Yes ___ No

With another person? ___Yes ___No

With another person? ___ Yes ___ No

Through the mail ___Yes ___No

Through the mail? ___ Yes ___ No

If you answered YES to allowing us to discuss your appointment and/or medical information with another person, please list the name(s) and relationship(s) with whom we may discuss this information below:

NAME: _____ **TELEPHONE #** _____

NAME: _____ **TELEPHONE #** _____

NAME: _____ **TELEPHONE #** _____

NAME: _____ **TELEPHONE #** _____
