

NAME: _____

DATE: _____

In order to comply with privacy law guidelines, we need a list of those friends/family members that we have permission to discuss your medical information, test results, and/or appointment information.

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**** Do you give permission for the following information to be left on your answering machine or voicemail?**

Appointment Information _____ yes _____ no

Test Results _____ yes _____ no

General Information _____ yes _____ no

Signature _____