

FAMILY AND FRIENDS CONTACT FORM

Persons who are involved in your care (family, friends, other doctors, etc.) may inquire about your treatment, lab results, prescriptions, etc. Please let us know what persons we may share information with. (Please note: In emergency situations or other situations outlined in our Notice of Privacy Practice we may share information with others who are not specifically listed on this form.)

Please list those persons (including Family, Friends, Previous Treating Physicians, your Family Doctor (PCP), and other doctors/specialists) with whom we may share your information:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What is the best phone number for us to contact you?

Phone Number: _____

What is this number (Home, Work, Cell, Other)? _____

From time to time we will leave a message for you (as stated in our Notice of Privacy Practices) on an answering machine, voice mail, or with another individual in your absence. **Is it OK for such message to include details (such as diagnosis and medication information) at this number?** _____

What other ways may we contact you? Please list all that are acceptable ways to reach you.

Home Phone Number: _____

Is it OK to leave a **detailed** message at this number in your absence? _____

Work Number: _____

Is it OK to leave a **detailed** message at this number in your absence? _____

Cell Phone Number: _____

Is it OK to leave a **detailed** message at this number in your absence? _____

Other: _____

Is it OK to leave a **detailed** message at this number in your absence? _____

Signature of Patient or Legal Representative

Date

Date of Birth

SSN

Print name of Patient or Legal Representative

Relationship to Patient