



PATIENT CONFIDENTIALITY RELEASE

In the event that we cannot reach you to give you a message, lab, or x-ray result, do we have your permission to talk to someone else? Can we leave a message on a recorder?

Please check one

NO

YES

If Yes, OK to release information to the following:

Name _____ Phone # _____

Name _____ Phone # _____

Print Name _____

Patient Signature _____ Date _____

Guardian Signature (if patient is a minor) _____