Authorization to Release Information

It is the office policy of Hardee Family Medicine and their staff not to release any confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, cell phone and/or pager. We will not leave messages on an answering machine that does not have the name or telephone number on the recorded message when returning phone calls. Information will not be left with any unauthorized person who may answer the telephone.

I authorize the staff at Hardee Family Medicine to contact me by any of the following methods and assume the responsibility to notify them whenever this information changes:

Home telephone	☐ yes	☐ no
Answering machine	☐ yes	☐ no
Work telephone	☐ yes	☐ no
Voice mail	☐ yes	☐ no
Cell phone and/or voice mail	☐ yes	☐ no
Pager	☐ yes	☐ no

Fax medical records for referrals to another medical practice? ☐ yes ☐ no

I authorize Hardee Family Medicine and/or their staff to leave medical information pertaining to:

Labs ☐ Lab Results ☐ Appointment Information ☐ X-rays ☐

Billing ☐ Surgery and Pre-Certifications ☐ Medications/Refills ☐

If you would like to have information released to anyone other than yourself please complete the following. List names of people that you authorize and what type of information we may release to them

Name ______________________________ Relationship_______________ Type of Information:________________________

Name______________________________ Relationship_______________ Type of Information:________________________

Name______________________________ Relationship_______________ Type of Information:________________________

I have received and understand the Notice of Privacy Practices.

Patient/Guardian Signature:________________________________ Date_______________