# **IN REGARD TO YOUR CONFIDENTIALITY**

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF THE OFFICE NEEDS TO REACH YOU**

May our provider or office staff leave a message for you to contact our **( ) Yes ( ) No**

office with someone at your home/cell telephone number?

May our provider or office staff leave a message for you to contact our **( ) Yes ( ) No**

office on your home/cell telephone messaging system?

**\*\*if messaging system does not identify the patient by name, we will only leave a call back message\*\***

May our provider or office staff leave a message for you to contact our **( ) Yes ( ) No**

office with someone at your work phone number?

May our provider or office staff share private health information **( ) Yes ( ) No**

with family member or significant other?

May our provider or office staff inform any family members or **( ) Yes ( ) No**

significant other of your referral information?

If yes, please list the names of those we have your permission to inform

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Please list the names of family members or a significant other you give permission to obtain access to your private health information documents or medications. Example: prescriptions/samples & any type of medical records

\*\***A VALID ID WILL BE REQUIRED EVERYTIME\*\***

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**Cellular Telephones**

Please be aware that occasionally our providers are forced to conduct some office business, including patient

management, over a cellular telephone. In some instances, there exists a risk that others may overhear these

conversations. Our provider tries to limit the use of cellular telephones to answering pages which in general are

emergencies.

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**Patient Signature Date**