



**Personal Medical Information Contact List**

We can give your personal medical information ONLY to persons you designate. Please list below those persons to whom information can be given and include their phone numbers. Examples of this type of information include appointment reminders, lab results, diagnoses, xray results, and other test results.

**DO NOT INCLUDE PHYSICIANS**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

By signing below, I agree that I have received, read, and understand the *Notice of Privacy Practices* for this office, and have had the chance to ask questions regarding these practices.

Signed \_\_\_\_\_ Date \_\_\_\_\_