SOUTHERN OREGON INTERNAL MEDICINE

Telephone Disclosure form

Patient Name (please print) ______________________________________ DOB _________________

Welcome to Southern Oregon Internal Medicine. We want to be sure we handle your personal medical information in a way that is acceptable to you. We appreciate your taking the time to fill out this form. If you have a special request, be sure to let your receptionist know.

It is okay to leave information on my answering machine: _______ Yes ______ No

Please indicate which medical information you authorize to be disclosed via the telephone from our office:

______ Appointments
______ Lab/Pathology Results
______ EKG Results
______ X-ray Results
______ Medical Chart Notes
______ Prescription/Sample information
______ Mammogram Results (men may also need this...)
______ ALL OF THE ABOVE

Authorization for verbal disclosure of my personal health information to the following individuals:

Name: _______________________________________ Relationship: __________________

Phone #: _________________________

Name: _______________________________________ Relationship: __________________

Phone #: _________________________

________ (initial) Do not disclose my health information to anyone.

______________________________________ ____________________ ______________________

Signature Date Relationship

This authorization may be revoked by giving written or verbal notice to Southern Oregon Internal Medicine. Such notice will be effective immediately upon receipt by Southern Oregon Internal Medicine personnel. This consent will be valid for up to one (1) year.

Date of consent: ________________________ Date consent expires: ___________________

I recognize that the information disclosed may contain information that is protected by federal and state laws (i.e., Drug/Alcohol Abuse, Mental Health, HIV/AIDS), and I expressly consent to the disclosure of such information.

Initial each one that applies:

__________ HIV/AIDS results __________ Mental Health ________ Drug/Alcohol Abuse

____ _________________________

Signature Date

Thank you. If you need to contact our office, remember that we may be busy serving other patients, but we will make every effort to return calls within 24 business hours.