

EEH Verbal Release of Information

Home Phone: _____ Cell Phone: _____ Work Phone: _____

1. Which phone number is best to use during the day (8am-4pm)? Home Cell Work

2. Which phone number is best to use during the evening (4pm-7pm)? Home Cell Work

3. If we may leave a detailed message regarding patient information which may include test results, appointment reminders or other health related services please check the box of your preferred voicemail*.

 Home Cell Work Do not leave a message

***Answering machines and voice mail must have an identifying message to confirm these are your numbers for example: "You have reached John Doe" or "You have reached 630-555-1212"**

4. Please list an ****EMERGENCY CONTACT(S)** and any additional persons with whom we MAY share details about your health care.

In case of Emergency may we contact	Name	Relationship	Phone Number	Release Routine Info	Release Sensitive Info
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so, to the physician. I also understand that I will not be able to revoke this consent in cases where the physician has already relied on it to use or disclose my health information. Written revocation of consent must be sent to the physician's office.

Patient Name: _____ DOB: _____

Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

(If Parent or Guardian's Signature)

****If you are filling this form out for your child remember to also list your name as an emergency contact and person to release information too.**