PATIENT CONFIDENTIALITY

There are times when we will need to communicate with you by telephone. We are legally and ethically obligated to share any and all information related to patient care only with those persons specifically authorized by the patient or person legally responsible for the patient. Please complete and sign the questionnaire below so we are very clear about your wishes in this regard.

1. May we leave confidential information on your:

Answering machine at home?	**Yes**	**No**	**N/A**
Voicemail system at work or on a cell phone?	**Yes**	**No**	**N/A**

2. Please list below the names of people we may give confidential information and the last 4 digits of their SS#.

Name	SS#	Relationship to patient
Name	SS#	Relationship to patient
Name	SS#	Relationship to patient
Name	SS#	Relationship to patient

Signature of patient or responsible party

Date