

Pt Name: _____ DOB: _____

According to Privacy Policy, test results or release of medical information will be provided to the patient only. Please specify below to whom information may be released to other than the patient.

- Patient only – no one else
- Spouse - Name: _____ ph # _____
- Children - Name(s): _____ ph # _____
- Other (state relationship) - Name: _____ ph # _____
- Doctors Office: _____

May we leave messages at your: (list all that apply)

- Home Answering Machine # _____
- Cell Phone # _____
- Work Voice Mail # _____
- Email Address: _____
- Other (please specify) # _____

Please choose **one** method that our auto attendant may leave your Appointment Reminders.

- Text to cell phone Message to telephone

A copy of Erlanger Health Systems Privacy Notice explaining the uses and disclosures of patients health information is available in our office or online.

www.ernlanger.org Patient & Family Resources/Policies

NOTICE REGARDING PRESCRIPTION REFILLS

Please note that the patient must call in requests for refills of prescription pain medication personally. Requests **must** be made during normal business hours.

Please sign your name to verify permission for all information above.

Patient Signature: _____ Date: _____