

Groskopp & Ryland

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Medical Information Release

Due to federal guidelines, we are requesting patient signatures to designate specific types of contact for disclosing protected medical, financial and insurance information.

Please **initial** the appropriate box or boxes if you are authorizing us to leave protected health information.

If you check "myself only", you may not check any other option.

- On home answering machine.
- On work answering machine / voice mail.
- With a family member.
- With caretaker.
- On cell phone voice mail.
- With significant other.
- Myself only.
- Other _____

Printed
Name _____

Signature _____ Date _____

This authorization may be revoked at anytime upon written request.