

Assignment of Confidential Communication

Patient Name: _____ Date of Birth: _____

Address: _____ Suite/Box: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Alt#: _____

Email address: _____

1. I give permission to disclose my confidential health information, as deemed necessary, to: _____, (please check relationship)
 - Spouse
 - Parent
 - Other Relative
 - Friend
2. I give permission for _____, the responsible person accompanying me home, to be provided with my post-operative:
 - Results
 - Status
 - Instructions
3. May we leave a post-operative follow-up call message on your home voicemail/answering machine or with a family member or attendee?
 - Yes
 - No
4. If anyone calls inquiring about your status while you are here at the Baptist Germantown Surgery Center, may we tell them or transfer them to a family member?
 - Yes
 - No
5. The main contact for any appointments, prescriptions, phone calls, etc. is:

Name: _____ Phone number: _____

Cell: _____

Description of the information to be used or disclosed (check all that apply): This is *not* a release of information form. Information will be used or disclosed per above instructions,

The entire medical record.

Other/Specific Information: _____

Patient's signature

Date

PLEASE BRING THIS COMPLETED, SIGNED FORM TO THE SURGERY CENTER ON THE DAY OF SURGERY.