

**PATIENT INFORMATION RELEASE**

Dear Patient:

The Privacy Act of 1977 was designed to protect your privacy. It is to give you a feeling of security that when you visit our office, your medical and financial affairs will not be discussed with anyone without your permission. This includes your spouse, family members, friends and employer. In order for us to speak with anyone regarding you, **even in the event of an emergency**, you must specify to whom we may speak.

If you wish for us to be able to release information regarding you, please indicate below. Our staff cannot give out this information without your permission.

**I give permission for the staff of Laser & Cosmetic Center to discuss information indicated, regarding myself to:**

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>TYPE OF INFORMATION TO BE RELEASED</u>
_____	_____	Medical / Financial
_____	_____	Medical / Financial
_____	_____	Medical / Financial

**In the event of an emergency, please contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Patient Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**We ask that you update this information annually or as circumstances change. Thank you.**

Updated \_\_\_\_\_  
Initials/Date