

ARTHRITIS CONSULTANTS OF TIDEWATER

RHEUMATOLOGY · OSTEOPOROSIS · INTERNAL MEDICINE

PHONE (757) 491-7359 · FAX (757) 491-9359

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 affairs 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 Arthritis Consultants of Tidewater to discuss information indicated, regarding myself to:

Name	Relationship	Type of Information To Be Released
_____	_____	Medical / Financial
_____	_____	Medical / Financial
_____	_____	Medical / Financial
_____	_____	Medical / Financial

Patient Name: _____ Signature: _____

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

Updated: _____
 Initials/Date Initials/Date Initials/Date Initials/Date

THIS FORM IS GOOD FOR 1 YEAR FROM THE DATE OF SIGNATURE