

Patient Label

### Assignment of Confidential Communication

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please sign and complete the following to include the party that we may disclose your information.**

1. I give permission to disclose my confidential health information, as deemed necessary, to: \_\_\_\_\_, (please check relationship)
  - Spouse
  - Parent
  - Other Relative
  - Friend
  - Contact # \_\_\_\_\_
  
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
  - No answering machine
  
4. If any one called inquiring about your status while you are here at the Oxford Surgery Center may we tell them or transfer them to a family member:
  - Yes
  - No

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**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: \_\_\_\_\_

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**Patient's signature**

**Date**