

Surgical Associates, LLP  
122 4<sup>th</sup> Ave.  
Grinnell, Iowa 50112  
641-236-4323

Medical Information Permission

1. If you have referred yourself to this appointment, may we send medical information to your family doctor? (Please circle one of the following)

Yes   No   Not Applicable I was referred by a doctor

2. May we leave personal medical information on your answering machine at home?

(Please circle ) Yes   No

3. Is there a cellular number that we may call you at regarding your personal medical information? (Please circle ) Yes   No

If yes, may we leave a voice mail? (Please circle ) Yes   No

What is the cell phone number? \_\_\_\_\_

4. Do you give Surgical Associates, LLP the permission to discuss your medical information with family members? (Please circle ) Yes   No

If yes, please provide their names and phone numbers below.

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

Phone (day) \_\_\_\_\_ Phone (night) \_\_\_\_\_

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

Phone (day) \_\_\_\_\_ Phone (night) \_\_\_\_\_

I understand that this permission may be revoked at any time. This permission is given (please choose one): 1) \_\_\_\_\_ until further notice. 2) \_\_\_\_\_ until the following date:\_\_\_\_\_.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_/ \_\_\_\_/ \_\_\_\_

If you have questions about this form, please ask. This form helps Surgical Associates protect your privacy.