

Medical Release Form

Effective April 14, 2003 (due to federal guidelines under HIPAA) we are now required to have a release form signed by the patient before we can give out any medical information to any person other than the patient.

Please list below the names, relationships, and phone numbers of any authorized individuals (spouse, family members, friends, caregivers, etc.) that we may discuss your medical or financial information with.

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

May we leave medical information on your home answering machine? Yes ___ No ___

Signature of Patient/Parent

Date

EXPRESS PRIOR CONSENT TO CONTACT CONSUMER BY CELL PHONE:

You agree, in order for us to service your account or to collect monies you may owe, Montgomery Allergy and Asthma Assoc. and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

I/We have read this disclosure and agree that Montgomery Allergy and Asthmas Assoc., its employees and/or agents may contact me/us as described above.

Responsible Party Signature

Date

I/we, the undersigned, give prior express consent to Montgomery Allergy and Asthma, its employees and/or agents, to contact me at any/all phone numbers, including cell phone numbers, for the purpose of appointments, treatment, insurance, and/or payment.

Signature of Patient/Parent

Date

OR

If you do not want any of your medical or financial information discussed with anyone other than yourself, please sign below.

Signature of Patient/Parent

Date

The above information is private and confidential and will be placed in your medical file. The information on this form will remain valid until we are notified otherwise.