



**Alternate Contact Information &
Family / Friends Release of Information Consent Form**

Patient Name: _____ Phone Number: _____ (Home)

Patient Date of Birth: _____ Phone Number: _____ (Cell)

Part I Alternate Contact Information Consent

Methodist Richardson Physician Alliance has my consent to:

- Y N Leave medical information on my home answering machine.
- Y N Contact me at my place of employment.
- Y N Leave medical information on voice mail at my place of employment.
- Y N Fax immunization records to schools and employers upon my verbal authorization.

(Messages will not be left on answering machines or voice mail if recorded greeting does not include confirmation of your name or phone number.)

Part II Family / Friends Release of Information Consent

I authorize Methodist Richardson Physician Alliance to discuss **ANY** information regarding my care with below-mentioned persons: (Only list names of persons you are authorizing us to discuss **ANY** information with)

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Patient or Patient Guardian Signature

Date

Print Name / Relationship to Patient

This Authorization is valid until revoked by the patient orally or in writing at any time. The exception is when communication had already occurred as instructed in this consent.