



Keystone Rural Health Consortia, Inc. Privacy Information

Patient Name

Date of Birth

Today's Date

In order to comply with federal regulations regarding your privacy in our office, we ask that you please circle your responses to the following questions:

Leave messages regarding appointments:

Leave messages regarding medical information:

Answering Machine? yes no
 With another person? yes no
 Send through the mail? yes no
 Send via email? yes no
 Email: _____
 Cell phone? yes no

Answering Machine? yes no
 With another person? yes no
 Send through the mail? yes no
 Send via email? yes no
 Email: _____
 Cell phone? yes no

If you are authorizing us to discuss with another person the details of your appointment and/or medical information by circling YES above, please provide us with the following information in the spaces below:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Patient

Today's Date