



Authorization to Release Information to Family Members

Many of our patients allow family members such as their spouse, parents or others to call and request medical or billing information. Under the requirements of HIPAA we are not allowed to give this information to anyone without the patient's consent. If you wish to have your medical or billing information released to family members you must sign this form. Signing this form will only give consent to release this information to the family members indicated below. This consent form will not allow *St. Peters Bone & Joint Surgery, Inc. dba Advanced Bone & Joint* to release any other information to these family members. This authorization shall be in force and effect for the duration of 60 months, at which time this authorization will expire.

You have the right to revoke this consent in writing.

I authorize/allow *Advanced Bone & Joint* to release my medical and/or billing information to the following individual(s):

1. _____ Relation to Patient: _____
2. _____ Relation to Patient: _____
3. _____ Relation to Patient: _____

Authorization to Leave Messages with Household Members/Answering Machine/Cell Phone

Occasionally it is necessary for the staff of *St. Peters Bone & Joint Surgery, Inc. dba Advanced Bone & Joint*, to leave messages for patients. The purpose of these messages is to notify the patient that the medical staff would like to discuss or schedule test results, or to ask a patient to call regarding an issue or concern. At no time will a representative of *Advanced Bone & Joint* discuss your medical condition without your consent. The purpose of this consent is to leave messages with members of your household, on your answering machine, or on your cell phone.

**This practice performs automated call, email, and text appointment reminders. The signature below also provides your consent for such reminders.

You have the right to revoke this consent in writing.

Patient Name: _____

Patient Signature: _____ Date: _____

For office use only:

Patient Number: _____