MEDICOR CARDIOLOGY, LLC

PATIENT CONFIDENTIALITY

Patient Name:_____**DOB:**_____

Patient confidentiality is of great concern to our office. Please indicate below where we may leave a message. Our policy is to contact you directly when returning calls and regarding test results.

Phone numbers: (Please put a "1" next to the best # to reach you)

		May we leave a message?	
___ Home #:	_____	**YES**	**NO**
___ Cell #:	_____	**YES**	**NO**
___ Work #:	_____	**YES**	**NO**

Email Address:_____

Due to our confidentiality regulations please state who we have permission to discuss your personal health information with:

Name:_____**Relationship:**_____

Name:_____**Relationship:**_____

Name:_____**Relationship:**_____

Name:_____**Relationship:**_____

In the case of an emergency who may we contact on your behalf:

Name:_____**Relationship:**_____

Home #:_____**Cell #:**_____

Signature:_____**Date:**_____