



URGI-MED FAMILY MEDICAL CENTER
 FAMILY MEDICINE WITH DEDICATION AND COMPASSION
 400 RT 10 WEST RANDOLPH, NJ 07869
 TEL: 973-891-1321 FAX: 973-206-5049

COMMUNICATION CONSENT

It is the office policy of Urgi-Med and its staff not to release confidential and/or unauthorized information by any means (home phone, answering machine, work phone, voice mail etc.) Whenever returning telephone calls we do not leave or release information by any means unless specified by the patient.

I _____ authorize the Urgi-Med staff to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes.

CONTACT	YES	NO	NUMBER
Home phone	<input type="checkbox"/>	<input type="checkbox"/>	
Cell phone	<input type="checkbox"/>	<input type="checkbox"/>	
Work phone	<input type="checkbox"/>	<input type="checkbox"/>	
E-Mail	<input type="checkbox"/>	<input type="checkbox"/>	
Fax medical records/referrals to another entity	<input type="checkbox"/>	<input type="checkbox"/>	
May we leave a voice mail? (Please specify where)	<input type="checkbox"/>	<input type="checkbox"/>	Where:
Detailed voice mail	<input type="checkbox"/>	<input type="checkbox"/>	
Name and number only	<input type="checkbox"/>	<input type="checkbox"/>	

Would you like information to be released to some one other than yourself please complete the following:

INDIVIDUAL & NAME	YES	NO	NUMBER
Spouse:	.	.	
Parent:	.	.	

Please print names and relationships of any other authorized people:

Print name: _____

Signature: _____ **Date:** _____