

LAB/Diagnostic Tests/Health Information Authorization

Name _____ DOB _____

The best telephone number to contact me with any test results is:

 Work/Home/Cell (Please circle the appropriate one)

YES / NO I give FP Associates, P.C. authorization to **leave a message** on my answering machine.

YES / NO I give FP Associates, PC authorization to discuss/review information relating to the diagnosis, treatment, account/claims payment, and health care services provided or to be provided to me to the following individual(s) at the corresponding telephone number.

NAME _____ Relationship _____ Number _____
 Cell/Home/Work

NAME _____ Relationship _____ Number _____
 Cell/Home/Work

NAME _____ Relationship _____ Number _____
 Cell/Home/Work

I understand that I may choose to revoke this authorization at any time.

[] INFORMATION IS NOT TO BE RELEASED TO ANYONE.

Signature

Date