

## Taguchi Women's Clinic, PLLC Alternative Contacts

Taguchi Women's Clinic, PLLC takes your medical confidentiality very seriously. We will not and cannot release information without your written authorization.

This authorization allows our staff members to speak only with the person/s you designate in the event you are not available to receive phone calls or you have someone helping coordinate your medical care.

As part of our Patient Privacy Policy, we will not leave any health information with any other person unless you specifically authorize below.

This Authorization will remain in effect unless changed by me while I am a patient of this practice. It is my responsibility to notify this office in writing of changes and to complete a new form.

I do not authorize anyone to receive information regarding my medical care

I authorize my physician and the clinic employees to speak with:

1. Person \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Appointments    Lab/Test Results    Medical Care    Billing

2. Person \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Appointments    Lab/Test Results    Medical Care    Billing

3. Person \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Appointments    Lab/Test Results    Medical Care    Billing

Alternate means of contacting me are:

Answering Machine/Voice Mail/Pager \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Other \_\_\_\_\_

Patient Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_