

## PATIENT PERMISSION TO RELEASE INFORMATION

I, \_\_\_\_\_, give Dr. Dickhaut and his staff permission to release lab results, x-ray results, appointment information and other pertinent medical information, not including medical records, to the parties listed below. (Example: Parents, Spouse, Children, Guardian, Grandparents, etc.)  
Dr. Dickhaut and his staff will not release medical information, even verbally, to anyone not named on this form.

Name	Relationship (Spouse, Child, etc.)
_____	_____
_____	_____
_____	_____
_____	_____

### EMERGENCY CONTACT INFORMATION

Please list 2 people (**not living in your household**) that we may contact in reference to appointment rescheduling if you are unable to be reached. No medical information will be discussed with them unless they are listed above.

NAME	PHONE NUMBER
_____	_____
_____	_____

I have reviewed the Notice of Privacy Practices of Steven C. Dickhaut, M.D. that explains to me the use and disclosure of my medical information.

Signature \_\_\_\_\_ Date \_\_\_\_\_