

**To all of our patients at Complete Cardiology**

Complete Cardiology is dedicated to ensuring your privacy. Please answer each privacy question and inform the Front Desk staff of any changes that may apply to you:

I authorize you to leave messages on my home answering machine regarding appointments and to inform me of laboratory/test results

Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize you to contact or leave messages at my place of work

Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize you to discuss my medical information with my family. Please provide family Members' names \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize you to view my external prescription history and I understand that prescription history from other medical providers and insurance companies may be included.

Yes \_\_\_\_\_ No \_\_\_\_\_

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

Thank you for your cooperation