

RWJ Physician Enterprise | RWJBarnabas HEALTH

DISCLOSURE TO DESIGNATED FAMILY/FRIENDS/CAREGIVERS

Print Patient Name: _____ Date of Birth: _____

When the office needs to reach you regarding an appointment or with test results, we will make every effort to reach you personally. If we are unable to speak with you, we will leave a generic message for you to contact the office. HIPAA regulations prohibit our practices from leaving detailed information on an answering machine/voicemail; therefore you will be asked to call our practice back.

The office will never discuss your medical information unless we have a signed authorization on file. I understand that I am not required to list anyone.

Policy for discussing your medical information with someone who contacts our office:

I authorize Robert Wood Johnson Physician Enterprise to disclose medical information as needed to the following designated individual(s) involved in my healthcare. I understand that I may change this list in writing at any time by completing a new form but will also be required to update annually.

Please indicate the person(s) with whom we may discuss your medical care by providing the name, relationship and date of birth which we will use for identification purposes. This allows the office staff to provide any and all information requested by the person(s).

1) Print Name: _____ DOB: _____

Relationship: _____ Phone No: _____

2) Print Name: _____ DOB: _____

Relationship: _____ Phone No: _____

Patient Signature: _____ Date: _____

Office Staff Witness Signature: _____ Date: _____