

PATIENT CONFIDENTIALITY

Patient Name: _____

Date of Birth: _____ Chart #: _____

Patient confidentiality is top priority at Wellstar Kennesaw Internal Medicine. Therefore, it is important that you provide us with the following information to ensure there is no violation of your privacy.

In the event that I, _____, am unable to be reached, Wellstar Kennesaw Internal Medicine may leave test results or other pertinent information with the following:

- Spouse (Name) _____
- Children (Name) _____
- May leave test results on home answering machine.
- I may be reached at work. (Number) _____
- May leave a message at work on voice mail.
- Other (Describe) _____

(Initials) _____ In the event that I am unable to be reached, Wellstar Kennesaw Internal Medicine MAY NOT leave test results or other information with anyone but myself.

I understand that if the status of any of the above information changes, it will be my responsibility to inform the staff at Wellstar Kennesaw Internal Medicine.

Patient's Signature _____ Date _____