



Boulder Community Hospital

Boulder Community Hospital Physicians' Clinics

Beacon Clinic
 Boulder Center for Sports Medicine
 Boulder Center for Sports Medicine East
 Family Medical Associates
 Foothills Gynecology
 Gunbarrel Medical Center

Holistic Family Practice
 Internal Medicine Associates – Boulder
 Internal Medicine Associates – Foothills
 Internal Medicine Associates – Lafayette
 Table Mesa Family Medicine

Permission To Disclose Personal Medical Information

Please provide us with the telephone number you would like us to use when contacting you with medical information follow ups, such as results of tests, etc.

Patient Name: _____ Date of Birth: _____
 (please print)

Primary Phone: _____ Secondary #: _____

Answering Machine Messages: (check one)

- I prefer no messages be left on an answering machine.
- I give permission for Family Medical Associates to leave messages, with discretion, of normal results on an answering machine for the numbers listed above.

Disclosure to Other Persons: (check one)

- I prefer no one be given information other than me.
- I give Boulder Community Hospital Physicians' Clinics permission to disclose health information to the following people:

1. _____ Relationship: _____ Phone: _____
2. _____ Relationship: _____ Phone: _____
3. _____ Relationship: _____ Phone: _____

 Signature of Patient or Legal Guardian

 Date: