



Superior Medical Care

**PATIENT PERMISSION INFORMATION**

**Does Superior Medical Care have permission to:**

Leave a message/test result on your answering machine? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

Leave a message/test result with someone in your home? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

Discuss your medical condition with a member of your family/household? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

**\*If yes, to whom may we speak?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Signature of patient or legal guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date

**\*\* PLEASE NOTE:** By law, Superior Medical Care is not permitted to discuss medical conditions or disclose patient information to any persons, including spouse or adult children, unless specifically named above.

This form remains in effect indefinitely, unless changed by the patient.