Vance Medical
1001 N. Meridian Rd.
Meridian, ID 83642
Ph 208-258-7558 Fax 208-258-8251

CONSENT TO SHARE CONFIDENTIAL MEDICAL INFORMATION:
PATIENTS 18 YEARS AND OLDER

In order for Vance Medical to speak with anyone including a family member and/or spouse, this form must be filled out Completely.

Patients Name: _____

Patients Date of Birth: _____/_____/_____

_____ Only release information to me personally.

I hereby authorize Vance Medical to share the following information:

_____ My medical care and treatment plan

_____ Lab test results

_____ Appointment information

_____ Medications I am taking

_____ Mental Health

_____ All of the Above

With the following people:

Name _____Phone _____
Relationship _____

Name _____Phone _____
Relationship _____

Name _____Phone _____
Relationship _____

Name _____Phone _____
Relationship _____

Name _____Phone _____
Relationship _____

_____ You have my permission to leave information on my answering machine regarding my medical care and test results.

Patient's Name: _____ Signature: _____
Date: _____