# EDMUND KRASINSKI, JR., D.O., F.A.C.G., P.L.L.C.

## PATIENT CONFIDENTIALITY PERMISSION SLIP

If you are **giving permission** for anyone other than yourself to discuss your medical care, please read this information carefully and sign where indicated.

I (print your name) _____ give permission for my family member, spouse/partner, friend (print those names),

_____

To receive information on my behalf pertaining to my medical care. This will extend to making and verifying appointments, billing information, discussing laboratory results and discussing my general care with either staff and/or physician. This signed permission slip also allows the office to leave messages on answering machines and/or via email.

Patient's signature: _____ Date: _____

Witness: _____ Date: _____

If you **do not give permission** for anyone to discuss or receive information on your behalf please sign the statement below.

I (print your name) _____ do not give my permission for any of my medical care to be discussed with anyone other than myself.

Patient's signature: _____ Date: _____

Witness: _____ Date: _____

**PLAZA CAMPANA • 6879 N. ORACLE RD., STE. 133 TUCSON AZ 85704**
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