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(703) 491-5600 Fax: (703) 491-1744

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Manassas VA. 20109
(703) 396-9000 Fax: (703) 396-9100

125 Hospital Center Blvd, Suite 317
Stafford VA. 22554
(540) 318 8201 Fax: (844) 463-3895

Release of Information

Many of our patients allow family members such as their spouse, significant other, parents or children to call and request patients medical information. Under the requirements for H.I.P.A.A. we do not have permission to give this information to anyone without the patient's signed consent. If you wish to have your medical information, released to any family members you must sign this form. ***This release of information will remain in effect until terminated by me in writing. Patient or Guardian Initial: _____***

Patient Name: _____ Date of Birth: _____

[ ] Spouse: _____

[ ] Children: _____

[ ] Other: _____

[ ] Information not to be released to anyone.

Messages

The best time to reach me is (day): _____ between (time): _____
If unable to reach me:
[ ] You may leave a detailed message.
[ ] Leave only a message requesting a call back.
[ ] Other: _____

Contact in Case of Emergency

Name: _____

Phone Number: _____ Relationship: _____

Address: _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____