

Reiter, Hill, & Johnson

FORM 26: PATIENT REQUEST FOR RESTRICTION OR RELEASE OF MEDICAL, BILLING OR APPOINTMENT INFORMATION

Please Inform the Receptionist if You Have Any Change in This Request

Patient Name: _____ Account #: _____

Medical & Billing Information

I. I authorize Reiter, Hill, Johnson & Nevin to release, or not release, my medical and billing information to:

<u>RELATIONSHIP</u>			<u>NAME(S) OF DESIGNATED PERSON</u>
No one other than myself	<input type="checkbox"/>		
SPOUSE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
CHILDREN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
PARENTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
OTHERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____

Appointment Information

II. Reiter, Hill, & Johnson may leave appointment information on my answering machine/voicemail:

HOME YES NO CELL YES NO OTHER _____ YES NO

Reiter, Hill, & Johnson may or may not speak to the following regarding appointment information:

<u>RELATIONSHIP</u>			<u>NAME(S) OF DESIGNATED PERSON</u>
No one other than myself	<input type="checkbox"/>		
SPOUSE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
CHILDREN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
PARENTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
OTHERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____

Prescriptions

III. I authorize, or do not authorize, the following to pick up prescriptions, x-rays, records, etc....

<u>RELATIONSHIP</u>			<u>NAME(S) OF DESIGNATED PERSON</u>
No one other than myself	<input type="checkbox"/>		
SPOUSE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
CHILDREN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
PARENTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
OTHERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____

Signature of Patient (or Representative & Relationship)

Date

I understand that Reiter, Hill, & Johnson will ask for identification of the person picking up patient medical information or products.