RETINA SPECIALISTS of Idaho, PLLC

13923 W. Wainwright Dr., Ste 301 / Boise, ID 83713-1969 / (208)938-5624 / f(208)938-5764

128 E. Mallard Dr. / Boise, ID 83706-3975 / (208)323-8660 / f(208)323-8686

PROTECTED HEALTH INFORMATION RELEASE: PATIENTS 18 YEARS AND OLDER

Patient Name: _____ DOB: _____

☐ Only release information to me personally

☐ You have my permission to speak with my spouse/significant other about my medical care and test results.

Spouse/significant other's name: _____ Phone: _____

☐ You have my permission to talk with my children or other family members involved with medical care.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

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

☐ Other (please describe):_____

Emergency contact:

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship:_____

Patient contact info:

Email:_____

Home phone:_____ Cell phone:_____

Work phone:_____ Preferred contact: ☐hm ☐wk ☐cell