Advanced Urgent Care

2801 Purcell Street · Brighton, CO 80601 · (p) 303.659.7600

Communications Consent

Release of Information
According to the HIPAA Privacy Rule, we are unable to release information to anyone unless a signed authorization from the patient exists. By signing below I am authorizing the release of my medical information to the following individual(s):

_____ _____
Name of Individual (Please Print) Relationship

_____ _____
Name of Individual (Please Print) Relationship

_____ _____ _____/_____/_____
Patient Name (Please Print) Signature Date

Telephone Messages
Patient privacy considerations prevent us from leaving medically-related messages on your voicemail/answering machines unless you choose to authorize us to do so. Authorizing the recording of medically-related messages on your voicemail/answering machine is your choice, not your Obligation. By signing below I authorize Platte River Medical Clinic to leave the medically related messages, including **test results, medication information, general physician information** and/or **billing information**, on my voicemail/answering machine. I further understand that said message may not be secure or private.

☐ Home Phone (_____) _____ - _____ ☐ Mobile Phone (_____) _____ - _____

☐ Work Phone (_____) _____ - _____ ☐ Other (_____) _____ - _____

_____ _____ _____/_____/_____
Patient Name (Please Print) Signature Date