

GOBINDER CHOPRA, MD & ASSOCIATES

RELEASE OF INFORMATION

Due to the confidential nature of your medical care, it is against the law to release and/or discuss your care or test results with anyone other than you, the patient, corresponding physicians and your insurance company. Please see the posted Privacy Notice for further explanation.

Therefore, please list the names and phone numbers of those persons to whom you want us to release information regarding your care. This will include all medical records, including psychological or psychiatric impairment (s), drug abuse, alcoholism, sickle cell anemia, AIDS, or test for an infection of HIV and its results.

If you do not list your spouse, mother, father, sister, brother, friend, or attorney etc., they will not be privileged to any of the information regarding your medical care or condition.

**We will not discuss any information with anyone not listed on this sheet. Thank you
(Please re-read the above sentence)**

Name	Phone#	Relationship to you

We will be sending copies of your results and reports to your referring and or primary care doctor. Additional copies that you request will be provided to you upon a within 30 business days at the cost of \$0.60 cents per page.

Please give the name and phone number of a reliable person that we may contact in case of an emergency. **This is very important!** Should an emergency arise, we need someone to contact.

Emergency Contact Name: _____

Phone: (H) _____ (C) _____

Patient Signature: _____ **Today's Date:** _____

Valid for 1 year unless otherwise revised by patient