

Patient Name:

DOB:

Chart #:

### *Patient Preference for Release of Information*

I, \_\_\_\_\_, give my consent to allow employees of Benson Area Medical Center to discuss the following information:

- medical history
- mental health history
- financial information
- compliance with treatment
  
- I do not want my information shared with anyone

With the following people:

**Patient initials** \_\_\_\_\_

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I give my consent for employees of Benson Area Medical Center, to leave a message on my voice mail and/or answering machine to include the following information:

- To leave a message only for me to call BAMC
- To leave a complete message with all details, including labs, diagnosis etc...
- Do Not leave a message

**Patient Initials:** \_\_\_\_\_

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I give my consent for my account/billing information to come on one bill along with everyone else's information in my household.

- agree
- disagree (I would like a separate bill with only my information)

**Patient Initials:** \_\_\_\_\_

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I give my consent for the following persons to pick up prescriptions or other materials from BAMC for me or legal dependents (children).

- No one, only myself

The following people:

**Patient Initials:** \_\_\_\_\_

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**The above release is effective until I sign a written statement requesting otherwise.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date