GROSKOPP & RYLAND
Rogue Valley Physicians, P.C.
800 East Main, Medford, OR 97504
541-608-7683 Fax: 541-608-7689

Medical Information Release

Welcome to Groskopp & Ryland. We want to be sure to handle your personal medical information in a way that is acceptable to you. We appreciate you taking the time to fill out this form. If you have a special request, be sure to let you receptionist know.

Patient Name:_____ **DOB** _____

Is it ok to leave information on your answering machine: _____ Yes _____ No

Please indicate which medical information you authorize to be disclosed via telephone from our office:

_____Appointments _____Pathology Results

_____Lab Results _____Prescription/Samples information

_____EKG Results _____Mammogram Results (men may also need this)

_____Lab Results _____ALL OF THE ABOVE

It is ok to disclose my personal health information to the following:

_____Spouse (Name): _____

_____Significant Other (Name): _____

_____Family Members or Friends (Names): _____

_____ Caretaker (Name): _____

_____Do not disclose my health information to anyone

Due to federal guidelines, we are requesting patient signatures to designate specific types of contact for disclosing protected medical, financial and insurance information.

Signature _____ Date_____

Printed Name_____

*Guardian printed name & signature_____

This authorization may be revoked at any time upon written request.