

WEST GEORGIA INTERNAL MEDICINE

PATIENT CONFIDENTIALITY

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Patient confidentiality is very important to our clinic. Therefore, it is important for you to provide us with the following information to ensure that there is no violation of your privacy.

In the event that I, \_\_\_\_\_, am unable to be reached, West Georgia Internal Medicine, may leave test results or other pertinent information with the following:

- Spouse (name) \_\_\_\_\_
- Children (name) \_\_\_\_\_
- May leave test results on home answering machine.
- I may be reached at work (number) \_\_\_\_\_
- May leave a message at work on voice mail
- Other (describe) \_\_\_\_\_

\_\_\_\_\_ (please initial) In the event that I am unable to be reached, West Georgia Internal Medicine may not leave test results or other information with anyone but myself.

I understand that if the status of any of the above information changes, it will be my responsibility to inform the staff of West Georgia Internal Medicine.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date