



SOMERSET FOOT AND ANKLE

## PATIENT CONFIDENTIALITY FORM

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Patient confidentiality is of great concern to our office. Please indicate below with whom and where we may leave a message. Please be aware that any phone messages may not be on secure lines.

### MAY WE LEAVE A MESSAGE AT:

Home #: \_\_\_\_\_ YES NO

Cell #: \_\_\_\_\_ YES NO

In the event a family member, friend, or relative contacts our office, please list with whom we have permission to discuss your care.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*\*Please be aware that Somerset Foot and Ankle will obtain a list of your medications prescribed by outside physicians/facilities via our electronic prescription program and/or your medical records.\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_