

Totem Lake Family Medicine, PLLC
11800 NE 128th St. #560
Kirkland, Wa 98034

Authorization to leave Personal Health Information by Alternate Means.

This excludes the following information regarding testing, diagnosis, and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorder/mental health, or drug and /or alcohol use.

Patient Name: _____ Date of Birth: _____

(Please fill in all spaces that apply)

May leave detailed message on home voicemail # _____

May leave detailed message on work voicemail # _____

May leave detailed message on cell voicemail # _____

May leave detailed message with spouse (name) _____

May leave detailed message with family member _____

May leave detailed message at different location # _____

With my signature below, I acknowledge and understand that this information will be kept in my medical records and the above parameters will remain in effect until revoked by me in writing. It is my responsibility to notify my healthcare provider(s) should I wish to change one or more of the telephone numbers listed above.

Signed:

Patient or legally authorized signature

Date