

**SONORAN ENDOCRINOLOGY**  
**CENTER PATIENT COMMUNICATION**  
**SHEET**

**Patient Name:** \_\_\_\_\_

The following instructions pertain to the above named patient:

(Please **circle** your responses below)

OK to call cell	<b>Y</b>	<b>N</b>	OK to leave message	<b>Y</b>	<b>N</b>
OK to call home	<b>Y</b>	<b>N</b>	OK to leave message	<b>Y</b>	<b>N</b>
OK to call work	<b>Y</b>	<b>N</b>	OK to leave message	<b>Y</b>	<b>N</b>

I give permission to disclose my health information to the individuals below:

\_\_\_\_\_ ( ) Messages only or ( ) All information  
PRINT NAME *Relation:* ( ) Spouse ( ) POA ( ) other: \_\_\_\_\_

\_\_\_\_\_ ( ) Messages only or ( ) All information  
PRINT NAME *Relation:* ( ) Spouse ( ) POA ( ) other: \_\_\_\_\_

\_\_\_\_\_ ( ) Messages only or ( ) All information  
PRINT NAME *Relation:* ( ) Spouse ( ) POA ( ) other: \_\_\_\_\_

\_\_\_\_\_ ( ) Messages only or ( ) All information  
PRINT NAME *Relation:* ( ) Spouse ( ) POA ( ) other: \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Note: If your spouse is not listed above, information will not be disclosed to him/her.**