



INFORMATION DISCLOSURE

According to HIPPA regulations, we must obtain permission to leave medical information on voice mails, answering machines or with persons other than you.

Please fill out and sign below.

I give permission for the staff at *Hopkins Cardiovascular Associates* to leave messages on the following **(check any that apply)**:

Leave a message on my home phone answering machine or voice mail

Leave a message on my work voice mail

Leave a message on my cell phone voice mail

Leave a message with the following people (please include name and phone number): _____

Fax information to the following number: _____

Signature: _____ Date: _____