Alabama Medical Group, P.C.
101 Memorial Hospital Dr., Suite 200, Mobile, AL 36608
alabamamedicalgroup.com
251.414.5900

PERMISSION TO GIVE MEDICAL INFORMATION

List any family members that might call for any of your medical information:

_____ _____
_____ _____
_____ _____

	Emergency Contact	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I understand that I may revoke this consent at any time by giving written notice to the person or organization making the disclosure.

I, _____, have received a copy of Alabama Medical Group, P.C. notice of Privacy Practices and Rights and Responsibilities, as now required by Federal Law.

_____ _____
Signature of Patient/Legal Representative *Date*