



INTERNAL MEDICINE CENTER, LLC

101 Memorial Hospital Drive, Suite 200, Mobile, AL 36608 P.O. Drawer 160928, Mobile, AL 36616
www.internalmedicenecenter.org 251-414-5900

PERMISSION TO GIVE MEDICAL INFORMATION

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

_____	_____
_____	_____
_____	_____

YES or NO May we leave a message on your answering machine

YES or NO Permission to call your work place

YES or NO Permission to call your cell phone (not considered a secure line)

	<u>Emergency Contact</u>	<u>Relationship</u>	<u>Phone #</u>
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 the Internal Medicine Center, LLC's notice of Privacy Practices and Rights and Responsibilities, as now required by Federal Law.

Signature of Patient/Legal Representative

Date