

PATIENT CONTACT INFORMATION

CRIMSON INTERNAL MEDICINE, LLC

The federal Privacy regulations are designed to protect and ensure the confidentiality of your protected health information.

Please assist us by naming those persons we may contact or communicate with on your behalf. For example, a relative or friend that picks up medical supplies or prescriptions for you or someone that brings you to your appointments.

The Privacy regulations permit us to communicate with your other physicians or specialists, your pharmacy and insurance company's; therefore, you do not have to list these individuals below.

I give my permission for Crimson Internal Medicine, LLC, physicians and staff, to communicate with the following person(s) on my behalf:

_____	_____	Add_____	Delete_____
Name	Relationship		
_____	_____	Add_____	Delete_____
Name	Relationship		
_____	_____	Add_____	Delete_____
Name	Relationship		
_____	_____	Add_____	Delete_____
Name	Relationship		

You may add or delete contacts from this list at any time by simply asking a member of our staff for a new form. We will update our files accordingly. Any request for changes must be in writing.

Phone Numbers:	Okay to call?	Okay to leave message?
Home: _____	Y or N	Y or N
Work: _____	Y or N	Y or N
Cell: _____	Y or N	Y or N
Other: _____	Y or N	Y or N

Person to call in case of Emergency: _____ Phone: _____

Signature of Patient or Personal Representative

Date

Print Name of Patient or Personal Representative