

SHARING RESULTS

Please list the name(s) of the person(s) you would like your test results and medical history shared with:

<u>Name</u>	<u>Relationship to Patient</u>	<u>Phone Number</u>
1) _____		
2) _____		

I understand that the decision to do so is voluntary on my part and I have been informed that this decision can be revoked on my part at any time in writing.

I fully comprehend that my medical history and test results are confidential and that they may not be shared with any other person or family member unless specified by me in writing. I fully understand and accept the implications that may result from allowing someone else to share my medical history or test results. I understand that if I choose to use Patient Portal to access my medical information online, that this consent will extend to the information included on my Patient Portal account, including my ID and password.

Patient's Name

Patient's Signature

Date