Valley Family Practice, LLC
Rogue Valley Physicians, P.C.
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Medford, OR 97504
(541) 646-3505 fax 646-3553

Medical Information Release

Due to federal guidelines, we are requesting patient signatures to designate specific types of contact for disclosing protected medical, financial and insurance information.

Please ***initial*** the appropriate box if you are authorizing us to leave protected health information:

- ☐ On home answering machine.
- ☐ On work answering machine / voice mail.
- ☐ With a family member.
- ☐ With caretaker.
- ☐ On cell phone voice mail.
- ☐ With significant other.
- ☐ Myself only.
- ☐ Other_____

Printed Name_____

Signature_____ Date_____

This authorization may be revoked at anytime upon written request.