SLOCUM ORTHOPEDICS, P.C.
55 Coburg Road, Eugene, OR 97401 3377 Riverbend Drive, Springfield, 97477
Tel: (541) 485-8111 Fax: (541) 342-6379

Patient: Date of Visit:
Date of Birth: Person Nbr:

Authorization to Communicate

Approved By: Director of Health Information Management
Revised: August 28, 2012

I authorize Slocum Orthopedics to communicate with the authorized parties listed about my medical care and billing:

Name of person authorized to receive information:

Relationship to patient:

Name of person authorized to receive information:

Relationship to patient:

Name of person authorized to receive information:

Relationship to patient:

This authorization gives permission for verbal communication and does not give authorized party access to obtain medical records, or to sign on the patient's behalf. Release of Medical Records requires separate authorization from the patient.

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on the authorization. Unless otherwise revoked, this authorization would expire three years from the date of signing.

Patient Signature:_____ Date: