
RELEASE OF INFORMATION

If you are unavailable, may detailed messages be left
for you on home answering machines, personal voice mail, etc? Yes ____ No ____

If yes, please give the appropriate numbers: _____

May we have standing permission to discuss your health issues with one or more family members?
You do not need to allow us to speak to anyone but realize if your family member or caregiver calls
in for any reason, they will not be able to receive information unless written permission is given.

Seattle Sports & Regenerative Medicine may share information with:

You may revoke these permissions at any time and to the extent information has not
already been shared we will comply.

Patient or patient representative signature

Date

Print Name

Relationship if patient representative

Please provide email if you would like to receive newsletters.

I decline to provide