

# Midwest Urological Group

## Authorization to Disclose Medical Information

Our policy at Midwest Urological Group is to follow the legal aspect of patient confidentiality. In order to discuss medical, billing, and treatment with anyone besides yourself either in the office or by telephone, we need your written consent.

Please check the area(s) that we can discuss.

- \_\_\_\_\_ Billing Information
- \_\_\_\_\_ Medical Information
- \_\_\_\_\_ Billing and Medical Information
- \_\_\_\_\_ **Disclosure with me only**

Please print the names and relationship to you (i.e. spouse, child, parent) with whom we can discuss your care.

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize Midwest Urological Group to discuss my information with the above named person(s)

\_\_\_\_\_

Please print patient name

\_\_\_\_\_

Date

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Birth Date

It will be the patient's responsibility to inform Midwest Urological Group of any changes.