ORION
FAMILY PHYSICIANS
1455 S. Lapeer Road, Suite 100 • Lake Orion, Michigan 48360
WWW.ORIONFAMILYPHYSICIANS.COM
248-693-3551

CONSENT TO SHARE PERSONAL HEALTH INFORMATION

I give permission for the following people to have unlimited access to my medical records, appointment information, and billing information at ORION FAMILY PHYSICIANS. I understand the following people will be able to make and cancel appointments for me, discuss medical information with the staff, and discuss my billing and insurance information.

I also understand that at any given time I can remove any names from this list and they will no longer have access to my information. This agreement is valid for a period of one year from the date of signature.

NAME **RELATIONSHIP** **PHONE**

1. _____

2. _____

3. _____

I also give the staff at ORION FAMILY PHYSICIANS permission to leave a detailed voice message that may include test results on my:
(Circle one or more and enter phone number)

Cell Phone Home None

_____

In the event of an emergency please contact:

Name _____

Relationship _____ Phone Number _____

Patient Name *(please print)* _____

Patient Signature _____

Date _____