

PATIENT CONFIDENTIALITY

Patient Name: _____

Patient Date of Birth: _____

Patient confidentiality is a top priority at WellStar Cardiovascular Medicine. Therefore, it is important that you provide us with the following information to ensure that there is no violation of your privacy.

It is our experience that some patients may or may not wish for our staff to discuss medical conditions/information with family members. Please list any family members who may obtain or call and discuss your medical information.

In the event that I, _____, am unable to be reached, WellStar Cardiovascular Medicine may leave any test results or lab results with the following:

- Spouse
- Children. Name(s) _____
- I may be reached at work. _____
- May leave a message at work.
- May leave normal results on answering machine.
- Other; Describe: _____

(Patient Signature)

(Date)