

Sand Point Internists

4915 25th Ave NE #301

Seattle, WA 98105

206-524-4737

10330 Meridian Ave N #230

Seattle, WA 98133

206-524-4737

**Authorization to Leave Personal Health Information
By Alternate means**

Patient Name: _____ **Date of Birth:** _____

Patient Mailing Address: _____

(Please check all that apply)

___ **May leave a message on voicemail at home #: ()** _____

___ **May leave a detailed message on a voicemail at work#: ()** _____

___ **May leave information with spouse (name):** _____

___ **May leave information with other family members:** _____

___ **May leave detailed information on cellular phone #: ()** _____

___ **May leave detailed message at a different location #: ()** _____

With my signature below, I acknowledge and understand that this information will be kept in my confidential medical record and the above parameters will be abided by until revoked by me in writing. It is my responsibility to notify my healthcare provider should I change one or more of the telephone numbers listed above.

Patient or legally authorized individual signature

Date