

Hazelwood Family Medicine, PLLC
Michael A Brown, MD Elizabeth U. Carmichael, FNP

Release of Information

1. Please list the family member(s) or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and healthcare operations).
2. Please list the family member(s) or other persons, if any, whom we may inform about your medical condition **ONLY IN CASE OF EMERGENCY**.
3. Please print the address of where you would like your correspondence from our office to be sent if other than your home.
4. I give permission to Hazelwood Family Medicine, PLLC for the following:

Leave messages on my answering machine or voicemail concerning appointments, other aspects of my medical care, and account issues.

To leave messages with whomever answers the telephone at my house.
5. I understand that if I should need to change any of this information, I need to contact Hazelwood Family Medicine in writing of such changes.

Patient Name:

Chart Number

Patient Signature

Date

1088 Brown Avenue Waynesville, NC 28786 (828) 456-2828