

**Independence Urgent Care
7192 N. Main St.
Clarkston, MI 48346**

**Authorization for Release of Protected Health Information
Via Phone Message or to Another Individual**

1. Please print the telephone number(s), if any, where you will receive calls about your labs, x-rays, or other protected health information:

a. (____) _____ - _____.

b. (____) _____ - _____.

2. I authorize Independence Urgent Care to leave confidential messages, including protected health information, on my voice-mail or answering machine:

yes _____ no _____. If yes, message number (____) _____ - _____.

3. Please print the name and relationship of individuals, if any, to whom we may release your protected health information.

Patient name (Print Name)

Patient/ Guardian Signature

Date