



**AGREEMENT FOR SHARING AND COMMUNICATION OF PHI**

Patient confidentiality is a top priority at New Milford Medical Group (NMMG). Therefore, it is important that you provide us with the following information to ensure that there is no violation of your privacy.

New Milford Medical Group staff may leave messages regarding results (test/lab), scheduling (appointments and procedures) and billing information with the following (please check all that apply):

Spouse \_\_\_\_\_ Answering machine at home \_\_\_\_\_

Voice mail at work \_\_\_\_\_ Voice mail at cell phone \_\_\_\_\_

Other – Describe: \_\_\_\_\_

NMMG staff **may not** leave any information \_\_\_\_\_

Please list any family members who may obtain or call and discuss your medical information:

\_\_\_\_\_  
Name Relationship Phone number

\_\_\_\_\_  
Name Relationship Phone number

I understand that if the status of any of the above information changes, it will be my responsibility to inform the staff at New Milford Medical Group.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Signature of Patient or Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship of Authorized Person to Patient

\_\_\_\_\_  
Reason Patient Unable to Sign