

SOUTH DENVER HEART CENTER

A DEPARTMENT OF LITTLETON ADVENTIST HOSPITAL

1000 SOUTHPARK DRIVE, LITTLETON COLORADO 80120 PHONE 303-744-1065 FAX 303.733.1699

Consent to Leave or Send Medical Information

In an effort to protect your privacy and conform with the Health Information Privacy Act, South Denver Heart Center has developed a policy on leaving medical information.

Without your written consent:

- 1) We will not discuss medical care with anyone except the patient.
- 2) We will not leave information with anyone except the patient.
- 3) We will not leave information on an answering machine.
- 4) We will not leave any information on a voice mail.
- 5) We will not mail or fax any information.

Please consider carefully whom you want to have access to your medical information.

I, (please print) _____ Date of Birth _____ ,

give South Denver Heart Center, A Department of Littleton Adventist Hospital, permission to release my medical information to the following:

My home phone answering machine # _____ Initials _____

My work voice mail # _____ Initials _____

My cell phone voice mail # _____ Initials _____

My fax # _____ Initials _____

My Spouse _____ # _____ Initials _____

Other _____ # _____ Initials _____

Mail to: _____

_____ Initials _____

I fully understand that this consent will remain until revoked in writing.

Signature: _____

Date: _____