# Verbal Communication Release Form

Dry Ridge FAMILY MEDICINE PLLC — Nicole Ogg, MD

Our patients often want us to verbally communicate with family or friends who are assisting them in their treatment or payment for treatment. Please list below any **family or friends** with whom you authorize us to discuss your treatment/care or billing information, either in person or by phone.
This authorization will remain in effect for a period of one year from the date signed unless you revoke it.

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

____Communicate with me only

____Communicate with me and/or the following people:

Name (printed): _____ Relationship to Patient _____
Treatment/Care Information: ____Yes ____No
Billing Information: ____Yes ____No

Name (printed): _____ Relationship to Patient _____
Treatment/Care Information: ____Yes ____No
Billing Information: ____Yes ____No

Name (printed): _____ Relationship to Patient _____
Treatment/Care Information: ____Yes ____No
Billing Information: ____Yes ____No

Name (printed): _____ Relationship to Patient _____
Treatment/Care Information: ____Yes ____No
Billing Information: ____Yes ____No

**Emergency Contact**
Someone we may contact in the event of an emergency and we need to reach someone on your behalf.
Please provide an emergency contact even if you checked 'Communicate with me only' above.

Emergency Contact Name (printed): _____
Relationship to Patient: _____
Phone (two numbers if available): Home: _____ Cell: _____
Work: _____ Other: _____

_____ _____
Patient's Signature Today's Date

_____ _____
If applicable, Authorized Representative Date
Relationship to Patient _____