

Alfred N. Carr, M.D. & Colorado Hearing Tinnitus and Balance

Medical Information Distribution / Release

2030 Mountain View Avenue
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286 16th Avenue
Burlington, Colorado 80807

Please list the family member or other person, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operations).

Name

Phone Number

Please list the family member, or significant others, if any, whom we may inform about your medical condition **only in an emergency**

Name

Phone Number

Please print the address of where you would like your billing statements and / or correspondence from our office sent if other than you home address.

Please print the telephone number where you want to receive calls about your appointments, and other health care information if other than your home. Phone Number

Please indicate if you want all correspondence from our office sent in a sealed envelope marked ' Confidential '. Yes No

Can confidential messages (i.e. appointment reminders) be left on your voice-mail ? Yes No

I consent to receiving direct mail updates including but not limited to: clinic service notifications, health notifications, marketing or promotional events (such as educational seminars, free battery giveaways, etc.), and any other service or product updates that could benefit me or help to improve my health. Yes No

Signature of Patient or Patient's Representative

Print Name

Date