

Lehigh Valley Family Practice
 N.K. Grover MD
 1401 Fairmont Street
 Whitehall, PA 18052

I understand that my medical records may be sent to another medical facility to ensure continuity of care. Other than releasing this information to any medical providers necessary, it is the office policy of Lehigh Valley Family Practice and staff not to release medical and/or confidential information to anyone other than the patient. If you give us permission to leave a message, the message for routine care will be to call our office. In the case of an emergency situation, the message will be to call our office in regard to an urgent matter.

I give permission for Lehigh Valley Family Practice and/or their staff to leave a message to call the office without divulging medical information pertaining to my care by the following methods, and will assume responsibility to notify them whenever this information changes.

Method	Yes	No	N/A	Phone # with area code
Home Telephone/ answering machine				
Work Telephone/ Voicemail				
Cell Phone/ or Voicemail				
Pager				

I give permission for Lehigh Valley Family Practice to fax any test results per my request. Yes___ No___

I give permission for Lehigh Valley Family Practice to address me by name when I am in the office. Yes___ No___

In the event that we are unable to contact you please list any desired alternative contacts:

Name	Relationship (spouse, parent, brother, sister etc.)	Phone # with area code

Printed Name_____

Signature_____

Parent/ Guardian Signature_____

Date:_____