



Authorization to Release Patient Information

Patient Information

Patient Name: _____ DOB: _____ Phone: _____

I, _____ give my permission to the Adair County Medical Clinic personnel to leave a message concerning protect health information by the following methods:

Leave a message on answering machine with results, appointments, and health information. (Note: we can leave a message if the answering machine/voicemail message identifies owner with a name.)

(Circle Yes/No) **Home** Yes or No **Cell** Yes or No

If you are unavailable who may we leave a message with:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Send a letter. (Circle) Yes or No

Other (Specify): _____

Signature: _____ Date: _____

Relationship to Patient (if not the patient): _____ Date: _____

If the patient is a minor, please complete the following:

Mother/Guardian Name: _____ DOB: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Home Phone: _____ Cell Phone: _____ Relationship: _____

Father/Guardian Name: _____ DOB: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Home Phone: _____ Cell Phone: _____ Relationship: _____

English-Adair County Medical Clinics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Espanol (Spanish)—Adair County Medical Clinics cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Français (French)—Adair County Medical Clinics se conforme aux lois fédérales applicables en matière de droits civils et ne fait aucune discrimination fondée sur la race, la couleur, l'origine nationale, l'âge, le handicap ou le sexe.

English -ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 641-743-2123

Español (Spanish) -ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 641-743-2123

Français (French) -ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 641-743-2123



Adair County Health System

we surround you with care

Greenfield

609 SE Kent
Greenfield, IA 50849
641-743-6189

Stuart

303 SW 7th St, Suite B
Stuart, IA 50250
515-523-2513