

DISCLOSURES TO FAMILY AND FRIENDS

I, _____, GIVE CONSENT FOR MY HEALTH
(Please print your name)

CARE INFORMATION TO BE GIVEN TO THE FOLLOWING PEOPLE IN
PERSON AND BY PHONE:

NAME

RELATIONSHIP

CONSENT IN CASE OF AN EMERGENCY

I, _____, GIVE CONSENT FOR DR. ELIAS' OFFICE
TO CONTACT THE FOLLOWING PEOPLE IN CASE OF AN EMERGENCY:

NAME

NUMBER

RELATIONSHIP

**I GIVE PERMISSION FOR DR. ELIAS' OFFICE TO CONFIRM
APPOINTMENTS/LEAVE A MESSAGE ON MY:**

CELL _____
HOME _____
WORK _____

Signature _____ **Date** _____