



FAMILY / FRIEND VERBAL INFORMATION FORM

I, _____
 (Print Patient's Name)

_____ (Patient's Date of Birth)

Hereby authorize Northwest Gastroenterology, PLLC and/or Northwest Endoscopy Center, LLC to inform and/or involve the following family members and/or friends in my care. I understand that their participation may include giving information to Northwest Gastroenterology, PLLC and/or Northwest Endoscopy Center, LLC regarding my care/condition. I also understand that Northwest Gastroenterology, PLLC and/or Northwest Endoscopy Center, LLC staff may be sharing verbal information with the family and/or friends listed below about care, including but not limited to patient instructions and/or future appointments.

Family and/or Friends

1. _____
 (Relationship) Address/Street Phone/Home

 City/State/Zip Phone/Work

2. _____
 (Relationship) Address/Street Phone/Home

 City/State/Zip Phone/Work

3. _____
 (Relationship) Address/Street Phone/Home

 City/State/Zip Phone/Work

4. _____
 (Relationship) Address/Street Phone/Home

 City/State/Zip Phone/Work

This consent is good until revoked in writing by the patient.

I understand that information specific to drug, alcohol, HIV treatment and/or Hepatitis diagnoses or treatment can be released with this document. I can cancel this at anytime, but I understand that the cancellation will not affect any information that was already released before the cancellation.

I understand what this agreement means, and I am satisfied with any explanations I may have requested and received.

 (Patient's signature)

 (Date)

 Person authorized to sign Relationship

 (Date)

For Staff Use Only:	gMed Updated By: _____ Date: _____
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