DR. LINDA COLEMAN & ASSOCIATES
Primary Care

Phone: 703-430-7090 | Fax: 703-444-98782 | 2 Pidgeon Hill Drive, Suite 400, Sterling, VA 20165

AUTHORIZATION TO DISCLOSE INFORMATION

Patient's Full Name ____

SS#____

Date of Birth____

INSTRUCTIONS FOR LEAVING MESSAGES AND/OR DISCLOSING YOUR PERSONAL HEALTH INFORMATION

OK to communicate with spouse? YES NO

Spouses Name____

OK to leave information on answering machine? YES NO

OK to communicate with parent/children? YES NO

Name(s)____

OK to communicate with caregiver? YES NO

Name____

OK to communicate with any other person(s) YES NO

Please list____

Communicate only with me YES NO

THIS DIRECTIVE WILL BE CONSIDERED IN EFFECT UNTIL REVISED IN WRITING

Signature____

Date____

Other Comments____

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