

HOSPITAL FOR SPECIAL SURGERY

OPPORTUNITY TO OBJECT

I, _____ (print name) hereby give my permission for Hospital For Special Surgery to provide information to the individuals listed below regarding my healthcare status and pertinent information.

_____	Relationship _____
_____	Relationship _____
_____	Relationship _____
_____	Relationship _____
_____	Relationship _____

Signature of Patient/Personal Representative

Date

Witness Signature

Date

OR

I do not want any information given to anyone else but myself regarding my healthcare status or pertinent information.

Signature of Patient/Personal Representative

Date

Witness Signature

Date

OR

I hereby give my permission for the following information to be left on an answering machine or with someone who answers the phone: (Check all boxes that you approve.)

Appointment Times and Dates

Health status reports

Rescheduled appointments

X-ray reports

Other: _____

Signature of Patient/Personal Representative

Date

Witness Signature