

SurgOne, PC

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RELEASE OF INFORMATION FORM

- 1. Your surgeon may request an assistant to help with your surgery. Some insurance companies may not pay for the assist. **It is the patients responsibility** to check with his/her insurance company to verify this benefit. If your insurance company does not pay for the assistant, **you will be responsible** for this expense.

- 2. I give permission for this office to leave messages on my answering machine, with my spouse, or other specified contacts regarding the following:

YES NO

- ___ ___ **Specific information regarding my surgery**
- ___ ___ **Test/Surgery scheduling appointments**
- ___ ___ **Test/Surgery results**
- ___ ___ **Other specified contacts**_____

Patients Signature Date

Witness Date