

EDMUNDS GASTROENTEROLOGY

Meade C. Edmunds, MD

4713 Papermill Drive

Knoxville, TN 37909

865-851-7771

865-851-7835 – fax

Edmundsgastro.com

CONSENT TO RELEASE INFORMATION

In the event I cannot be reached, I _____, give permission for a representative from Edmunds Gastroenterology to share information regarding care or test results with the individuals listed below. These individuals may also request protected health information of my behalf.

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Is it ok to leaves results, messages or protected health information on your voice mail ___Yes ___No

You will be given the opportunity to sign up on our portal where you may receive information about your visit, lab, x-ray or path reports. You will also be able to sign messages and refill requests on the portal and update your history. This is a secure network and you will be given instructions on it use.

I recognize that Dr. Edmunds may share my protected health information with other healthcare providers, including sensitive health information such as HIV/AIDS information and substance abuse records if necessary for continuing care.

Patient signature _____ Date _____

While we take all reasonable precautions to protect your confidential information, email is not a completely secure method of communication. I acknowledge that if I use email to initiate contact with Edmunds Gastroenterology regarding my care the physician or his representative has my permission to correspond via that email address. I give permission for Dr. Edmunds or a clinical staff member to email me at

_____@_____. Remember the patient portal will work better and more securely.

Patient _____ Date _____