

Health Care Status Authorization

Declaration

	(name of patient) hereby give authorization to Bapt
	use of information concerning the status of my health care, including results of laboratory an
diology tests and	to discuss my plan of treatment with:
	Name of Authorized Individual
	Relationship to Patient
	·
	I understand that I may revoke this authorization at any time.
	Patient Signature
	VVIIICOS
	Date

Authorization for Use of Answering Machines

(name of patient), authorize
uptist Health to provide detailed information to me via my home and/or work answering machine or cell phone ice mail concerning appointment, referral and test information. I understand that I may revoke this authorization
any time.
Patient (Parent) Signature