

**Barry M. Rodwick, M.D./Health Positive**

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(727) 725-9931, Fax (727) 725-8826

Your medical records are always held in the strictest of confidence. No medical information is ever released to others without your consent (or the consent of your medical health care surrogate when appropriate). We realize that communication among others is also important to provide the most effective care and management for you.

Please indicate the following persons/agencies that we may communicate with:

Significant other/family members

Yes, you may discuss health matters - anyone specific \_\_\_\_\_

No, you may never discuss, unless you get my permission first -  
anyone specific \_\_\_\_\_

Case manager(s) - Yes No - Specific agency/manager \_\_\_\_\_

Counselor/Therapist - Yes No - Specific name \_\_\_\_\_

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How would you like the office to contact you?

Yes - No It is OK to send **mail**, with return address on the envelope

Yes - No It is OK to **phone** me at home

**If I am not available:**

Yes - No You may leave a message with whoever answers the phone

Yes - No You may leave a message on my answering machine/voice mail

**How should we identify ourselves?**

Yes - No Dr. Rodwick/Dr. Rodwick's office

Yes - No Your doctor/your doctor's office

Yes - No Do not mention anything  
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Yes - No It is OK to call me at **work**

**If I am not available:**

Yes - No You may leave a message with whoever answers the phone

Yes - No You may leave a message on my answering machine/voice mail

**How should we identify ourselves?**

Yes - No Dr. Rodwick/Dr. Rodwick's office

Yes - No Your doctor/your doctor's office

Yes - No Do not mention anything  
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How do you prefer to be notified of **lab/test results**

Yes - No Mail "green card" Yes - No Mail copies in an envelope

Yes - No I will phone the office Yes - No The office may phone my home

\_\_\_\_\_  
signature/printed name

\_\_\_\_\_  
date