

Khubchandani – Stasik – Bub Medical Office

In accordance with HIPAA Guidelines, we will be sending all appointment reminders, bills, reports, etc. to you via mail or email, unless otherwise instructed by you.

I authorize Dr. Khubchandani, Dr. Stasik, Dr. Bub and/or their Staff to leave medical information pertaining to my care by the following methods:

Contact Method	Phone #'s or necessary info	Permission to use:	
		Yes	No
Home Phone			
Answering Machine			
Work Phone			
Cell Phone			
Email			
Pharmacy (phone# or location)			

Please list an emergency contact person or any individuals to whom we may also release your information. (ie. spouse, child, parent, etc.)

Name	Phone #	Relationship

X _____ Date _____
Signature of patient or guardian

X _____
Please print patient name