



Rancho Sierra Medical Group, Inc.
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- Mammoth Lakes
- San Diego

Consent for Disclosure of Protected Health Information

I authorize Rancho Sierra Medical Group, Inc. (RSMG) and it's staff to leave information such as appointment reminders, insurance items, biopsy results, and other issues relating to my health via the following means (please indicate *preferred* means of communication):

Home telephone	___ Yes ___ No	# _____
Work telephone	___ Yes ___ No	# _____
Voice Mail	___ Yes ___ No	# _____
Cell phone	___ Yes ___ No	# _____
Pager	___ Yes ___ No	# _____
Mail (US Postal Service)	___ Yes ___ No	_____
Email	___ Yes ___ No	

E-mail address _____

Your e-mail address will be used exclusively to communicate with you regarding your health, and to provide you with practice and product information.

Authorized person(s) to whom RSMG may discuss my health, including pathology and laboratory results:

Name _____ Relationship _____

Name _____ Relationship _____

I assume responsibility for notifying RSMG whenever this information changes. Furthermore, I understand that I may revoke my consent in writing at any time.

Patient's Name _____ Date _____

Signature of Patient or Legal Guardian _____