3465 Galt Ocean Drive

 #101

 Fort Lauderdale,Fl 33308

 Telephone (954)566-7775

 Fax (954)566-9997

**AUTHORIZATION TO SPEAK WITH FAMILY MEMBERS**

As you are aware, we call all patients to inform them of their laboratory/testing results and also to discuss ongoing healthcare issues. In your absence if there is a family member we can leave this information with, please complete the form below. If you don’t wants us to discuss your medical care with anyone else please indicate below.

* **I authorized the office of Victor Toledano, M.D., P.A. and Associates to speak with the following g family members regarding any healthcare issues.**

 **NAME RELATIONSHIP**

* **I DO NOT AUTHORIZE THE OFFICE OF VICTOR TOLEDANO, M.D.,P.A. AND ASSOCAITES TO SPEAK WITH ANYONE OTHER THAN MYSELF REGARDING MY HEALTHCARE ISSUES.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Patient Name (Print)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Patient Signature Date**