



To all of our patients at the Piedmont Heart Institute:

Piedmont Healthcare is dedicated to ensuring your privacy. Please answer each privacy question and inform the Front Desk staff of any changes that may apply to you:

1. Do we have permission to leave a message on the phone number(s) you have provided us?

Yes **or** **No**

2. May we discuss your medical information with your family?

Yes **or** **No**

3. If someone calls for you or comes and asks for you while you are here, do we have permission to tell them you are here?

Yes **or** **No**

Signature

Date

Thank you for your cooperation.