

**ALBEAR PLASTIC SURGERY**  
**Paul R. Albear, MD FACS**  
COSMETIC, RECONSTRUCTIVE, and HAND SURGERY  
DIPLOMATE AMERICAN BOARD OF PLASTIC SURGERY

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**RELEASE OF CONFIDENTIAL INFORMATION**

PATIENT'S NAME(Please Print): \_\_\_\_\_

1. Please list name(s) of the individuals to whom we may inform of your general medical condition, diagnosis, in case of an emergency or regarding any billing issues:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

2. Please print your address and phone number where you would like us to contact you with information, (for example, billing, test results, appointment confirmation, correspondence or other health care information:

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

3. May we leave confidential messages on your answering machine/voicemail?

Yes

No

4. Occasionally, we have information about special offerings, or would like to contact you by way of email regarding appointments, etc, may we contact you via your email?

Yes

No

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_