

Houston Endocrine Center

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Confidential Information Release Form

I, _____, do hereby authorize Dr. Zubair B Mirza and his office staff to release confidential medical/billing information concerning my health or account in my absence to the family member or associate listed below. Furthermore, I will not hold Dr. Zubair B Mirza or any member of his staff responsible for the release of my personal medical information or billing record.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Init ____ May we leave a message on your personal voicemail reminding you of appointments? YES NO (circle one)

Init ____ May we leave a message with any person that would answer the telephone at your home reminding you of an upcoming appointment? YES NO (circle one)

Init ____ I AM AWARE THAT IT IS MY RESPONSIBILITY TO KEEP MY APPOINTMENT AND THAT CANCELLATIONS MUST BE MADE AT LEAST 24 HRS IN ADVANCE OR A \$25 FEE WILL BE CHARGED BEFORE I WILL BE ALLOWED TO BE SEEN BY THE DOCTOR.

Signature of patient

Witnessed by

Date

Date