



Kishori Somyreddy, MD

Permission to Communicate with Family and Friends Form/Voicemail

In order for us to serve you better, you have the option of providing us with a list of family and friends with whom we may discuss your health information. You are not required to provide a list or to sign this form.

By signing this form, I give consent to the staff at Cocheco Neurology to discuss health information with the people listed below who assist with my care. If I do not want certain information discussed, I will list those details below.

Name	Phone Number	Relationship

Do not discuss information about: _____

- I give Cocheco Neurology consent to leave Normal lab/test results on my answering machine/voicemail.
- I do not give Cocheco Neurology consent to leave Normal lab/test results on my answering machine/voicemail.

Signature: _____ Date: _____