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A MEDICAL CORPORATION

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CONSENT FOR RELEASE OF RESULTS

You may be aware that I prefer my staff to contact you (directly) by phone regarding lab and x-ray results. I believe that it is timelier and more personal than a postcard in the mail. However, as my practice grows, it is becoming more difficult. To help facilitate a more personal approach than postcards, I would like to be able to deliver results by leaving messages on voice mail or email (we currently cannot use email, but this should be up and running soon).

For those of you who are interested, please complete this form.

Patient Name

Date of Birth

My email address is (please print) _____

My phone number for voice messages _____

I consent to allow Dr. Klein and/or his staff to give any or all of my lab and x-ray results (as well as or other personal information pertinent to my care) to me via email or voice mail. I am aware that Internet email and electronic voice mail, although very secure, is not perfect, and theoretically others may have access to any information meant only for me. I am also aware that other people may have access to my email or voice mail, and that Dr. Klein and his staff is not responsible for any breach of privacy on my computer or voice mail.

I may revoke this consent at any time by notifying Dr. Klein or his staff in writing.

Patient's (or Parent's) Signature

Date