



I, _____, give my authorization to Infinity staff to discuss any medical issues concerning me to:

Name

| | |
|--------------------------------|-------|
| _____ My Spouse | _____ |
| _____ My son/daughter/children | _____ |
| _____ My caregiver | _____ |
| _____ Other | _____ |

I, _____, also give Infinity staff permission to leave a message on my home answering machine or to any person answering my home phone.

I, _____, also give permission to Infinity staff to contact me at my place of employment. If I am unable to be reached there, I give permission to Infinity staff to leave a message for me to return their call.

If there is any medical information I do not want to be discussed or a message to be left at my home or at my place of employment, I will notify Infinity staff of this in writing. If there is any change in information pertaining to this consent, I will also notify Infinity staff of this in writing.

I, _____, also give permission to Infinity staff to fax any information regarding me to a physician I may be referred to by Infinity staff.

Signature

Date