TEST RESULT REPORTING CONSENT FORM

I, _____DOB _____ consent to receive laboratory and x-ray results via the below methods of communication. I understand that these are not confidential means of communication, and that my health information may be heard, read, or recovered by individuals other than myself. (A parent or guardian may sign for their child)

I authorize the release/reporting of test results via : (Circle all that apply)

Voice Mail	Voice mail number: _____
Telephone Answering Machine	Telephone number: _____
E-mail	E-mail address: _____
Mail	Mailing address:
	_____
	_____
	_____

Primary Language Spoken _____

Interpreter/Translator Required for Results Reporting? Yes No

_____	_____
Signature	Date
_____	_____
Print Name	Relationship to patient (self, parent, guardian, etc)