



15 Moss Creek Village ♦ Hilton Head Island, SC 29926
Office: 843-681-5077 ♦ Fax: 843-681-5012

HIPAA PERMISSIONS

Please keep in mind, we confirm all appointments 2 -3 days in advance, if we cannot contact you or you do not call back to confirm your appointment, it will be cancelled.

What method can we use to contact you about your appointments?

Phone: Preferred Number _____ Text Call

Email _____

May we leave messages on your voicemail with your specific appointment information?

Yes No

May we release your complete medical records to your referring physician and/or your primary care physician?

Yes No

I, the patient hereby authorizes J. Robert Gavin, Jr., M.D. to release my medical information (appointments, lab/x-ray results, diagnoses. Treatments, medications, surgeries, etc.) via postal mail, telephone, fax, or email to the following family members:

Name	Date of Birth	Relationship	Phone#

I further release my medical information to the following physicians, clinics, and/or hospitals:

Doctor	Phone #	Clinic

Patient Name (Printed): _____

Patient /Guardian Signature: _____ Date: _____