Clayton Medical Associates, P.A.
100 Guy Road
Clayton, NC 27520
Phone (919) 553-3900 Fax (919) 553-0395

DR. JOAN N. MEEHAN
BOARD CERTIFIED
FAMILY PRACTICE

DEBORAH B. ROBERSON, FNP-C
BOARD CERTIFIED
FAMILY NURSE PRACTITIONER

ALYSSIA LLOYD, FNP-BC
BOARD CERTIFIED
FAMILY NURSE PRACTITIONER

CONSENT TO AUTHORIZE ALTERNATE COMMUNICATION

Patient Date of Birth: _____ Chart No.: _____

Patient Name: _____

I authorize Clayton Medical Associates to disclose and discuss personal health information about me with the individual(s) listed below that are involved in my medical care:

Name: _____

Relationship: _____ Phone:_____

☐ All information ☐ Billing/payment information only

☐ Test results only ☐ Other: _____

Name: _____

Relationship: _____ Phone:_____

☐ All information ☐ Billing/payment information only

☐ Test results only ☐ Other: _____

Name: _____

Relationship: _____ Phone:_____

☐ All information ☐ Billing/payment information only

☐ Test results only ☐ Other: _____

_____ _____
Patient Signature (or authorized representative) Date

_____
Printed Name & Relationship (if not patient)

A new form is required if you need to make any changes to the individuals listed on this form.