

# ALLERGY ASTHMA CARE, P.C.

*Allergy, Asthma, Clinical Immunology  
Nwi-asthma.com*

**3125 Willowcreek Road  
Portage, IN 46368  
PH (219) 762-3055  
Fax (219) 763-3092**

**5521 W. Lincoln Hwy. #100  
Crown Point, IN 46307  
PH (219) 756-6100  
Fax (219) 756-6111**

**2802 Leonard Drive  
Valparaiso, IN 46383  
PH (219) 531-5855  
Fax (219) 531-1617**

I, \_\_\_\_\_, have been offered or received the Privacy Notice for Allergy Asthma Care, P.C. and signed the authorization for the following:

Please list below whom we can speak with and release information to:

(Please Understand a Medical Records release will need to be signed)

| Family or Friend Name: | Relationship to the Patient: | Phone Number: | Leave Messages and Speak with: | Review Your Account with: | Ok to Pick up Prescriptions, Orders, and Medical Records: |
|------------------------|------------------------------|---------------|--------------------------------|---------------------------|---|
|                        |                              |               |                                |                           |   |
|                        |                              |               |                                |                           |   |
|                        |                              |               |                                |                           |   |
|                        |                              |               |                                |                           |   |

I allow messages to be left on the telephone number I provided on the patient information form.

\_\_\_ Yes      \_\_\_ No

Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship to the Patient: \_\_\_\_\_

Refusal of Above: \_\_\_\_\_