PREMIER
UROLOGY GROUP, LLC
Urological Surgical Associates Division

Jerold Grubman, M.D., F.A.C.S.
Andrei Kachala, M.D., F.A.C.S.
Benjamin Fand, M.D., F.A.C.S.
William L. Terens, M.D., F.A.C.S.
Joshua L. Wein, M.D., F.A.C.S.
Rupa Patel, M.D., F.A.C.S.
Neil D. Sherman, M.D., F.A.C.S.
Michael Lasser, M.D.

DIPLOMATES
AMERICAN BOARD OF UROLOGY

Permission to Release Medical and/or Payment Information to Designated Relatives,

Close Friends and Other Caregivers

I agree that Premier Urology Group, LLC may disclose my health information to a family member, close personal friend, or other caregiver because such person is involved with my healthcare or payment relating to my healthcare. In that case, Premier Urology Group, LLC will disclose only information that is directly relevant to the person's involvement with my healthcare or payment related to my healthcare.

I designate the following person(s) listed below as person(s) involved with my healthcare or payment relating to my healthcare or payment relating to my healthcare for the purpose of Premier Urology Group, LLC making the limited disclosures described above. I understand that I am not required to list anyone. I also understand that I may change this list at any time in writing.

Can messages be left on patient's answering machine or voicemail?

YES _____ NO _____

_____ _____
PRINT PATIENT NAME **DATE OF BIRTH**

_____ _____
SIGNATURE OF PATIENT **DATE**

I DO NOT WISH TO LIST ANYONE: CHECK BOX: ☐

_____ _____ _____
(PRINT NAME OF PERSON) (RELATIONSHIP) (PHONE NUMBER)

_____ _____ _____
(PRINT NAME OF PERSON) (RELATIONSHIP) (PHONE NUMBER)

_____ _____ _____
(PRINT NAME OF PERSON) (RELATIONSHIP) (PHONE NUMBER)