

AAA VASCULAR CARE
DR. TOUFIC SAFA
900 NORTHERN BLVD, SUITE 140
GREAT NECK, NY 11201

Release of Information

I wish to designate the following person(s) to be able to speak on my behalf and have access to my Protected Health Information (optional):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Messages

Please call my home _____

my work _____

my cell _____

If unable to reach me

you may leave a detailed message

please leave a message asking me to return your call
