

Pediatric Epilepsy Support Group Directory Sign-up Form

Many of our patients' families expressed interest to network with other families of children who have had epilepsy surgery. With that in mind, a Directory of such families was created.

The Directory will be shared only with families whose names are listed in it.
The Directory will not be made public through any website, mailing or publication.

You may choose to sign up for the Directory.
The release of any personal information provided is made only upon completion of this form.

Please fill out the personal information you agree to be released, by completing the **appropriate fields** in the form below.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home telephone #: _____ Alternate telephone #: _____

E-mail Address: _____

Name of the patient: _____

Surgical Procedure: _____

_____ YES, I hereby approve the release of the personal information as completed above for the purpose described.

I understand that I may cancel this authorization at any time in the future, to prevent the additional release of personal information as completed above.

Cancellation requests must be sent in writing to the address shown below.

Signature: _____ Date: _____

Relationship to patient: _____ Expiration date: _____

Mailing address: _____

Mail this form to: Dr. Deepak Lachhwani
Cleveland Clinic Foundation
Pediatric Epilepsy – Desk S-51
9500 Euclid Avenue
Cleveland, OH, 44195

(Please return the original to the address listed above, and keep a copy for your records)