

ALTERNATE COMMUNICATION CONSENT

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI) the individual is also provided the right to request confidential communication or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of this individual's home.

I give my permission to be contacted in the following manner (check all that apply):

Home telephone: _____

Ok to leave a message with detailed information (i.e. results)

Leave a message with call back number only

Work telephone:

Ok to leave a message with detailed information (i.e. results)

Leave a message with call back number only

Cell Phone: _____

Ok to leave a message with detailed information (i.e. results)

Leave a message with call back number only

Written Communication: _____

Ok to leave a message with detailed information (i.e. results)

Leave a message with call back number only

E-mail: _____

I agree to inform the office if my phone number or email changes.

I, _____, give permission for physicians and staff at Mass Eye and Ear to speak to (family member/friend) _____ regarding my medical care, information and test results.

If you don't want us to speak to anyone else, please circle: NO ONE

(Patient/Legal Guardian Signature)

(Date)

(Patient Name)

(Patient DOB)