

ENT ASSOCIATES OF SOUTH ATLANTA

Otolaryngology, Head & Neck Surgery

Specializing in Surgical Treatment of Epilepsy, Depression, Sleep Apnea, Sinusitis and other Ear, Nose and Throat Disorders in Children and Adults.

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CONSENT FOR DISCLOSURE

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

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (CHECK ALL THAT APPLY)

HOME TELEPHONE _____
 OK to leave message with detailed information
 Leave message with call-back number only
 Mobile Phone _____

Written Communication
 OK to mail my home office address
 OK to mail my work/office address
 OK TO EMAIL

Work Phone _____
 OK to leave message with detailed information
 Leave message with call-back number only

OTHER SPOUSE/RELATIVE/OTHER
(Name) _____
(Name) _____

Patient Signature

Date

Print Name

Birth Date