Patient Name: _____ Chart #_____

EMAIL REQUEST

With changes that have been made by CMS, a part of the US Dept. of Health and Human Services, we are required to offer our patients access to a patient portal and the ability to electronically communicate with our physicians/nurses securely. For our office to meet this requirement, we must collect e-mail addresses from our patients. Please know that:

1. Your e-mail address will be kept confidential and will not be used for any other purpose than those of our office.
2. We do not use e-mail to send health information unless requested by the patient (see below).
3. You will receive an invitation to join our patient portal and be given the opportunity to provide a review of your physician but are not required to do either.
4. Parents/guardians may use their e-mail address for their children.

Please print your email address clearly:_____

At Lawrence Otolaryngology we understand that email allows a quick, convenient way to correspond with our patients. However, in order for us to use email as a way of communication, we will need your written permission to do so. Please know that your email is not shared with anyone other than our physicians and immediate staff who schedule appointments or surgeries, send out statements, or sends other patient information. We WILL NOT send you emails containing personal information unless you specifically request that we do so. You have the right to revoke or modify this release at any time in writing. Any revocation or change will not apply to past actions.

Disclaimer: You need to be aware that messages sent via email are routed and stored on multiple servers, then pass through the Internet and are sent to your email. If you have given us your work email, remember that your employer has the legal right to review the email.

☐ **YES**, I approve Lawrence Otolaryngology to send emails containing personal health information. Lawrence Otolaryngology will send emails containing personal health information ONLY upon receiving a phone call or email requesting such information.

☐ **NO**, I do not approve Lawrence Otolaryngology to send emails containing personal health information.

OFFICE PROCEDURES AND ADDITIONAL FEES

In addition to specialty examination of the head and neck area, various additional procedures are often recommended and performed to provide appropriate medical care.

From an insurance industry standpoint, the fees for these procedures are in addition to the fees for a routine office visit. Most of these procedures are considered to be "covered" procedures by most insurance plans, but they could result in increased out of pocket expense for you as well depending on your individual insurance coverage. If you have questions about your coverage call your insurance company to see if the items below will be covered and if there will be any out of pocket amount due to you.

If you have the Federal BCBS "Basic" plan you will have a 150.00 co-pay for any procedures such as Nasal endoscopy, Fiberoptic laryngoscopy, Laryngeal stroboscopy, etc in addition to the office visit copay.

There are many such procedures, but some of the most common include:

- **Nasal endoscopy** (A small fiberoptic scope inserted in the nose to examine the nose and sinuses.)
- **Fiberoptic laryngoscopy** (A special scope is used to examine the voice box.)
- **Cerumen cleaning** (cleaning of wax from ears)
- **Audiograms** (special testing of hearing)
- **Laryngeal stroboscopy** (a technical instrument is used to provide examination of the voice box and surrounding structures)

This form is to keep our patients as informed as possible due to medical billing being highly regulated and complicated. If you have any questions about testing that the physician is recommending or if you have any concerns about payment for these procedures, we are happy to help.

_____ _____

Print Patient Name **Patient Date of Birth**

_____

Printed Name of Parent/Guardian (If Patient is under 18 yrs)

X _____ _____

Signature of Patient or Parent/Guardian **Date**