

Confidential Communication Request (HIPAA Form)

From time to time in caring for our patients, it may become necessary to contact you by telephone. Often our patients are not available when we call them and we would like to be able to leave detailed telephone messages (i.e. lab results) when possible. In order to protect your privacy we need your written permission to leave detailed telephone messages on your answering machine, voice mail system or with a trusted family member, text message to cellular phone, and e-mails. It should be noted that our current notice of privacy practices does allow us to call you with a courtesy reminder regarding any upcoming appointment(s). Please read the following choices and tell us whether or not we can leave voice mail regarding your medical information, such as lab & test results, and with whom we may leave it.

Please choose one of the following:

I DO CONSENT for Paonessa Colon & Rectal Surgery, P.C. to leave detailed messages:

I, _____ give Paonessa Colon & Rectal Surgery, P.C. staff permission to leave telephone messages regarding my medical care with the following options: (Initial each one that you want us to be able to use for leaving you telephone messages). This will remain in effect until you rescind it in writing.

_____ May we contact you via e-mail?

E-mail Address: _____

_____ May we leave a message on an answering machine at home?

Home Number: _____

_____ May we leave a message on a voicemail at work?

Work Number: _____

_____ May we leave a message on a voicemail on a cell phone?

Cellular Phone Number: _____

_____ May we discuss your appointments/treatments with spouse?

Spouse Name: _____

_____ Are there persons other than yourself (i.e. spouse, children or other family members, etc.) that you would wish us to discuss your appointments/treatments with if requested? If so, please list name and relationship below.

	<i>Name</i>	<i>Relationship</i>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

You must inform us, in writing, of any changes in your directives. This record takes effect on the date below and will be kept in your file.

Signature: _____ Date ____/____/____

Witness Signature: _____ Date ____/____/____