

COMMUNICATION CONSENT

It is the office policy of Edward F. Guarino, MD, P.C. and staff not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, cell phone and/or pager. Whenever returning telephone calls and the answering machine picks up, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Also, information will not be left with an unauthorized person who may answer the telephone.

I authorize Edward F. Guarino, MD, P.C. and/or their staff to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes:

| | | |
|--|-----------|----------|
| Home Telephone _____ | _____ yes | _____ no |
| Answering Machine _____ | _____ yes | _____ no |
| Work Telephone _____ | _____ yes | _____ no |
| Voice Mail _____ | _____ yes | _____ no |
| Cell Phone and/or Voice Mail _____ | _____ yes | _____ no |
| Pager _____ | _____ yes | _____ no |
| Fax medical records for referrals to another entity _____ | _____ yes | _____ no |
| Email Address _____ | _____ yes | _____ no |

If you would like to have information released to someone other than yourself please complete the following:

Please list names of authorized people:

Spouse: _____ yes _____ no

Parent: _____ yes _____ no

Other names (please list relationship such as
boyfriend, fiancé, girlfriend, sister, etc.) _____ yes _____ no

Printed Name _____

Patient/Guardian Signature: _____

Date: _____