MASSACHUSETTS EYE AND EAR

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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)