

## **UROLOGY ASSOCIATES OF NORTHEAST FLORIDA - TELEPHONE POLICY**

Due to confidentiality laws (HIPAA), it is required of this office to have a patient or legal guardian release and signature in order to confirm, change, or cancel office appointments or to be contacted regarding the patient's medical condition.

**If someone is not specifically listed below, we CAN NOT discuss any aspect of your treatment with them, including appointment dates or times. This applies to spouses / children / caretakers / etc...**

Urology Associates of Northeast Florida may discuss my care with:

\_\_\_\_\_ (spouse)

\_\_\_\_\_ (child / sibling)

\_\_\_\_\_ (caretaker / legal guardian)

**In addition, check ALL the appropriate boxes below:**

Office can contact me on my **cell phone** at: \_\_\_\_\_  
(or leave a message on my voicemail at the cell phone number listed above)

Office can contact me at my **home** at: \_\_\_\_\_  
(or leave a message with someone listed above, or on my answering machine)

Office can contact me at **work** at: \_\_\_\_\_ (ext) \_\_\_\_\_  
(or leave a non-specific message for me to return a call to this office)

Office can fax me at home: \_\_\_\_\_

Office can fax me at work: \_\_\_\_\_

**My signature below confirms that I have read this notice and agree with this policy.**

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

Thank you for your help and understanding in these matters.