A. DANNY YAISH, D. O.
120 Park Avenue
Beaver Dam, WI 53916
920.885.5225

123 Hospital Drive, Suite 2003
Watertown, WI 53098
920.885.5225

AUTHORIZATION FOR VERBAL COMMUNICATION AND/OR TO LEAVE VOICE MAIL MESSAGES

This does NOT authorize release of <u>copies</u> of medical records

BY SIGNING THIS FORM YOU ARE ALLOWING OUR OFFICE TO LEAVE VOICE MESSAGES ON YOUR ANSWERING MACHINE.

Patient Name – Last, First, MI		
Street Address		
City	State	Zip
Date of Birth	**Phone Number**	

I give my permission to leave a voice mail message at the number listed above.

Optional: (Additional person to leave message with)
I also give my permission to leave a message with _____ at the
(name)
following phone number _____

What type of message may we leave on your voice mail:

____ reminder of appointment date and time ____ test results (we do <u>not</u> recommend this)

This authorization will expire in one year from signature unless otherwise indicated below:

___ Indefinite Ends on date:_____

Signature of Patient/Representative_____

Date _____

Relationship to patient: _____

PLEASE SEE REVERSE FOR FURTHER INFORMATION

ADDITIONAL INFORMATION REGARDING DISCLOSURE OF PATIENT MEDICAL INFORMATION

Ear, Nose, Throat & Plastic Surgery Specialists honor a patient's right to confidentiality of medical information as provided under federal and state law. Please read the following guidelines before signing this authorization.

Sending Authorizations to Ear, Nose, Throat & Plastic Surgery Specialists: If mailing an authorization, please mail to:

Ear, Nose, Throat & Plastic Surgery Specialists
120 Park Avenue
Beaver Dam, WI 53916

Verbal Communication Only. This authorization allows for verbal communication between Ear, Nose, Throat & Plastic Surgery Specialist and the designated person on this form. It does not allow for copies of medical records to be released.

No Obligation to Sign. You are not under any obligation to sign this form, and you may refuse to do so. Except as permitted under applicable law, Ear, Nose, Throat & Plastic Surgery Specialists providers may not refuse to provide you treatment or other health care services if you refuse to sign this form.

Revocation. You have the right to revoke this authorization, in writing, at any time before it ends. However, your written revocation will not affect any disclosures of your medical information that the person(s) and/or organization(s) listed on the reverse side of this form have already made, in reliance on this authorization, before the time you revoke it. In addition, if this authorization was obtained for the purpose of insurance coverage, your revocation may not be effective in certain circumstances where the insurer is contesting a claim. Your revocation must be made in writing and addressed to:

Ear, Nose, Throat & Plastic Surgery Specialists
120 Park Avenue
Beaver Dam, WI 53916

Re-release. If the person(s) and/or organization(s) authorized by this form to receive your medical information are not health care providers or other people who are subject to federal health privacy laws, the medical information they receive may lose its protection under federal health privacy laws, and those people may be permitted to re-release your medical Information without your prior permission.

Signatures. Generally, if you are 18 years of age or older, you are the only person who is permitted to sign a form to authorize the disclosure of your medical information. If you are under the age of 18, your parent or guardian must sign this form for you. However. there are many situations in which this general rule does not apply. For more information regarding who is authorized to sign this form, contact:

Ear, Nose, Throat & Plastic Surgery Specialists
120 Park Avenue
Beaver Dam, WI 53916

Voice Mail Messages. Ear, Nose, Throat & Plastic Surgery Specialists providers and their staff recognize confidentiality as a very important part or your relationship with them. To protect your confidentiality, they will not routinely leave messages on your personal messaging system (voice mail or answering machine or with your spouse, family members or any other individual) unless you specifically give your permission to do so. This authorization may be used to share this information in the manner that you specify.