

North Suffolk Endocrinology, PC
Joseph C. Terrana, MD, FACE

Patient Communication Consent Form

To make reasonable requests regarding alternative ways to communicate with you in a confidential matter due to the following procedure:

- Messages may be left for you on your answering machine or with any person who may answer your phone at home in regards to office questions, office appointments, laboratory, and/or diagnostic test results.

I (print name) _____

1. Name _____
to be medically responsible for my medical/office information.

2. Give my permission for this office to leave any medical/office related information on my **home** answering machine and/or with the following person(s)

_____ YES/NO

3. Give my permission for this office to leave any related office information on my **work** answering machine and/or with the following person(s)

_____ YES/NO

4. Give my permission for this office to **fax** any related medical/office information to the following fax number (the patient is responsible for its security)

_____ YES/NO

Signature

Date