MORELAND
Ear, Nose & Throat Group

MORELAND EAR, NOSE & THROAT GROUP
PROFESSIONAL HEARING SERVICES

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Division of Moreland Ear, Nose and Throat Group, Ltd.

Communication of Health Information Authorization and Appointment Reminder

Patient Name _____ **Account Number** _____ **Staff Initials** _____

I _____, _____ authorize Moreland Ear, Nose & Throat
Patient first name, last name, middle initial Date of birth

and Professional Hearing Services to contact me via the following methods:
Please check the appropriate boxes - checking a box gives us permission to leave health information (i.e. test results prescription refills, appointment and billing information).

Ways to Communicate Health Information	Leave message on answering machine:	Leave message with whoever answers telephone:	**For incoming phone calls -** You may release information to the following:		
			Name	Relationship	Date of birth
Home phone ( ) _____ - _____	❑	❑			
Work phone ( ) _____ - _____ Ext. _____	❑	❑			
Cell phone ( ) _____ - _____	❑	❑			
Fax ( ) _____ - _____ ❑ Approved			Letter ❑ Approved		

Unless otherwise requested, we may remind you of an upcoming appointment by letter, a telephone call, a message on your answering machine or voicemail, or a message with the person who answered your telephone. Appointment reminders will include the date and time of your appointment, the provider you are scheduled to see and the medical center location.
I understand that this will authorize the release of my information to the manner stated above. **I understand a written notification is necessary to cancel this request.**

_____ _____ _____
Signature of patient or personal representative | Relationship if not patient | Date

Note: Personal representative means the parent, guardian or legal custodian of minor patient or adult patient. If you have Durable Power of Attorney, we will need documentation on file before release of information.

I am giving permission for Moreland Ear, Nose & Throat and ProfessionalHearing Services to administer medical treatment to my minor child _____ without my presence.

This consent will remain in effect until further notice is given in writing.

_____ _____ _____ _____
Name Printed | Signature | Relationship | Date