

NORTHWEST NEUROLOGY, LTD.

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Communication Policy and Waiver

Communication is a very important part of providing quality health care. In an effort to provide you with information regarding your health care, we ask that you complete this waiver.

We normally contact our patients between 8:00 and 5:00 pm. Please provide the phone number that we should use to contact you during this time period.

_____ Home Work Cell (please circle)

If we need to reach you outside these hours, what is the phone number that we should use to contact you?

_____ Home Work Cell (please circle)

If you are unavailable at the time we contact you, may we

Leave medical information with another person? Yes No

If yes, who _____

(Example, discuss test results or appointment info with spouse, parent, other)

Leave Medical information on voice mail or answering machine? Yes No

Print Name _____

Signature _____ Date _____

Recently enacted Federal laws protecting a patient's privacy prevent us from sharing any information about your medical condition without your authorization. If you would like us to release information to anyone other than your physicians that are treating you or your insurance company please ask to sign a separate authorization.