

WE RESPECT YOUR PRIVACY. All medical records of **Warwick Allergy, P.C.**, are strictly confidential. Release of any information about a patient, medical or non-medical, requires the written consent of the patient or the patient's guardian. However, the patient's medical condition may be discussed with other physicians or health care providers treating the patient, if the patient requests this verbally. Please let us know if you have any questions about this policy. Any patient may have access to his or her personal medical records upon request during normal business hours.

AUTHORIZATION TO LEAVE MESSAGES

Our office policy is to contact all patients regarding all test results, both normal and abnormal. Additionally, we receive many phone calls throughout the day that require a return message for a wide variety of reasons. Because of the large volume of these calls, we sometimes find it impossible to speak to all patients directly and have no choice but to leave a recorded message or to speak with a family member. These messages might contain information regarding test results, scheduling changes, appointment reminders, treatment plans, medication information, as well as the name our office and the person calling.

To facilitate the flow of information between you and our office, your permission is required for us to communicate with messages. *Be assured that, as always, information of a sensitive nature will never be left on a machine and will be communicated only to the patient directly.*

If you do not wish to authorize any of these types of messages, you will be asked to make a return appointment to discuss all test results. You should also understand that our ability to *return your calls* and to alert you of schedule changes and treatment plans may be more difficult, though we will certainly make attempts to contact you.

I authorize Dr. Louie's staff to call the phone numbers provided in my record. They may also leave a message on an answering machine. Please indicate: ANSWERING MACHINE: YES NO

IF SOMEONE OTHER THAN YOURSELF ANSWERS THE TELEPHONE, MAY WE LEAVE RESULTS?
YES NO

I acknowledge reading this statement.

Name _____ Date _____

Signature _____