

COMMUNICATION CONSENT

ALLERGY ASSOCIATES OF LEHIGH VALLEY, P.C.

It is the office policy of Allergy Associates of Lehigh Valley, P.C. and staff not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, cell phone and/or pager. Whenever returning telephone calls and the answering machine picks up, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Also, information will not be left with an unauthorized person who may answer the telephone.

I authorize Allergy Associates of Lehigh Valley, P.C. and/or their staff to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes:

Home Telephone _____	_____yes	_____no
Answering Machine _____	_____yes	_____no
Work Telephone _____	_____yes	_____no
Voice Mail _____	_____yes	_____no
Cell Phone and/or Voice Mail _____	_____yes	_____no
Pager _____	_____yes	_____no
Fax medical records for referrals to another entity _____	_____yes	_____no

If you would like to have information released to someone other than yourself please complete the following:

Please list names of authorized people:

Spouse: _____ yes _____ no

Parent: _____ yes _____ no

Other names (please list relationship such as
boyfriend, fiancé, girlfriend, sister, etc.) _____ yes _____ no

Printed Name _____

Patient/Guardian Signature: _____

Date: _____