

COMMUNICATION CONSENT

Stony Brook Internists, P.C.
205 N. Belle Meade Rd.
East Setauket, N.Y. 11733
(631)444-4630

It is the policy of Stony Brook Internists, 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 any message that would include private/personal information. Also, information will not be left with an unauthorized person who may answer the telephone.

I authorize Stony Brook Internists, 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/Voice Mail	_____	_____yes	_____no
Pager	_____	_____yes	_____no
E-Mail	_____	_____yes	_____no
Regular Mail	_____	_____yes	_____no

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

List names of authorized people:

Spouse: _____ yes _____ no

Adult child: _____ yes _____ no

Other (please list name and relationship such as boyfriend, girlfriend, sister, brother, etc.):

_____ yes _____ no

Print Patient Name: _____ **D.O.B.** _____

Patient Signature: _____ **Date** _____