

NEW YORK CENTER FOR PLASTIC SURGERY

Robert A. Guida M.D., F.A.C.S.

It is our policy not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, cell phone and/or pager. When returning calls and answering machine picks up, we do not leave a message unless it is a reminder. Information also will not be left with an unauthorized person who may answer the phone. If you would like to have information released to someone other than yourself, please complete the following:

I authorize the staff to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes:

(____) - ____ - ____ Yes No
Home Telephone

Home Answering Machine Yes No

(____) - ____ - ____ Yes No
Fax-Home:

(____) - ____ - ____ Yes No
Work Telephone:

Work Voice Mail Yes No

(____) - ____ - ____ Yes No
Fax-Work:

(____) - ____ - ____ Yes No
Cell Phone and Voice Mail:

(____) - ____ - ____ Yes No
Pager:

Please list name of authorized people we may leave messages with: (i.e. spouse, boyfriend, girlfriend, parent, grandparent, etc).

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Who may we discuss your financial situation with?

Name Relationship

Name Relationship

Signature (patient/guardian) Date ____/____/____

Communication Policy