

**NEUROLOGY AND SLEEP MEDICINE, P.C.**

**701 Ostrum Street, Suite 302 • Bethlehem, PA 18015 • 610-866-6614 • Fax: 610-866-8836**

It is the office policy of Neurology & Sleep Medicine, 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 Neurology & Sleep Medicine, 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: \_\_\_\_\_