

**RIVERSIDE MEDICAL S.C.
COMMUNICATION POLICY WAIVER**

Communication is a very important part of providing quality health care, in an effort to provide you with timely information regarding your health care; we ask that you complete this waiver.

We normally contact our patients between 8:00 a.m. and 6:00 p.m. Please provide the phone number that we should use to contact you during that time period.

() _____ Home Work Cell

If we need to reach you outside of these hours, what is the phone number that we should use to contact you?

() _____ Home Work Cell

If you are unavailable at the time we contact you, may we leave medical information with another person? Yes No

If yes, who _____

(For example, discuss test results with spouse; disclose diagnosis with lab or pharmacy)

Due to privacy laws, we are unable to leave medical information on your voice mail or answering machine.

Recently enacted Federal Laws protecting a patient's privacy prevent us from sharing any information about your medical condition without your authorization. If you would like us to release information to another treating physician, please authorize or decline by signing below.

(AUTHORIZE) Signature

Date

(DECLINE) Signature

Witness