

MORRIS SUSSEX FAMILY PRACTICE

694 ROUTE 15 SOUTH * SUITE 103 * LAKE HOPATCONG, NJ 07849 * 973-663-8899

NOTIFICATION POLICY

It is our policy not to release confidential and/or protected health information by home telephone, answering machines, work phone, voicemail, cell phone or email without proper authorization.

When returning phone calls, we will not leave a message unless it is regarding your appointment. Neither will information be left with an unauthorized person who may answer the phone.

I, _____ authorize the staff of Morris Sussex Family Practice to leave confidential and/or protected health information pertaining to my care by the following methods and to the following people. I will assume responsibility to notify Morris Sussex Family Practice whenever the information changes.

Authorized methods and phone numbers to leave messages:

Home Phone/Answering Machine: _____

Work Phone/Voicemail: _____

Fax (work): _____

Cell Phone: _____

Email: _____

Preferred Method of Communication: Home Phone Cell Phone Work Phone Email
(please circle)

Names of persons authorized to discuss your care and receive messages for you:

_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship