

ENT Associates of San Diego

Ear, Nose and Throat Associates of San Diego
A Medical Corporation

Otolaryngology for Adults and Children
Head and Neck Surgery

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Patient Contact Information Restriction

The HIPAA privacy rule gives you the right to request a restriction on uses and disclosures of your Protected Health Information.

I wish to be contacted in the following manner (please check all that apply):

- Home Phone** () _____ - _____
 - Okay to leave message with detailed information
 - Leave message with callback number only
- Cell Phone** () _____ - _____
 - Okay to leave message with detailed information
 - Leave message with callback number only
- Work Phone** () _____ - _____
 - Okay to leave message with detailed information
 - Leave message with callback number only

I hereby **consent** to the release of my medical information to the people listed below. This authorization will be in effect until I change it.

I hereby **decline** the release of my medical information to anybody. This authorization will be in effect until I change it.

Name

Relationship

Signature of Patient or Patient's Representative

Date

Print Patient's Name

Date of Birth