

MORRIS SUSSEX DIRECT FAMILY PRACTICE

28 BOWLING GREEN PKWY * SUITE LL3 * LAKE HOPATCONG, NJ 07849 * 973-663-8899

NOTIFICATION POLICY

It is our policy not to release confidential and/or protected health information by phone (home or cell), answering machine, work 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 Direct 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 Direct Family Practice whenever the information changes:

Authorized methods and phone numbers to leave messages:

Home Phone/Answering Machine: _____

Cell Phone: _____

Work 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