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Patient Confidential Communications and Permission to Communicate

The Health Insurance Portability and Accountability Act (HIPAA) gives you the right to request that we keep communications regarding your protected health information confidential. It also prohibits providers from releasing or discussing any personal health information to anyone without appropriate permission. Therefore authorization is needed in order to protect the privacy and confidentiality of your health information.

I hereby authorize you to contact me by ... (check all that apply):

Phone: Home Office Cell Phone

Messages can be left on my answering machine and/or voicemail YES NO

Mail: Home Office:

***Please note: E-mail is not a secure form of communication, for your privacy we prefer that you contact us through the portal.**

E-mail: Please do not contact me by E-mail
 Please contact me by E-mail: _____

DO NOT contact me by e-mail about the following: _____

I understand the office policy to not text the physician on mobile phone, since it is not secure nor reliable. I will only contact the office by phone, e-mail, and/or portal.

I hereby authorize you to release and discuss my health information to...

The first person listed below will automatically be your primary emergency contact unless otherwise noted

NAME	CONTACT NUMBER	RELATIONSHIP

Our office will continue to communicate with you according to your preferred methods above unless stated otherwise. If you need to make a change to the information above, you may do so by completing a new form. By signing below, you agree to these terms.

Signature: _____ **Date:** _____