

El Paso Perinatology
Dr. Harlass / Dr. Velazquez

Communication Consent

Dr. Harlass / Dr. Velazquez and their staff are often in a position to speak with persons other than you, the patient, regarding your appointments and healthcare.

Please read the statements below and write YES or NO to give or deny your consent.

I consent to having messages regarding my appointments as necessary:

Left on my home voice mail Left on my cellular phone voice mail
 Left on my office voice mail Left with another person at my home

I give consent to Dr. Harlass / Dr. Velazquez and their staff to discuss my Protected Health Information (PHI), such as Lab and X-Ray results, as may be necessary, with the following Person(s). I have marked my limitations below. My signing this form does not authorize the release of written PHI. I understand that I must sign a separate authorization form for the release of written Protected Health Information as stated in the Notice of Privacy Practices.

Name

Relationship

Name

Relationship

Please limit information to be discussed to the following:

All medical information Lab/Radiology Results
 Prescription information only Other _____

Signature

Date