

**OBSTETRICS AND GYNECOLOGY**

**847- 382-7330**

**Communication Policy and Waiver**

Communication is a very important part of providing quality health care. In order to provide you with timely information regarding your health care, we ask that you complete this waiver.

We normally contact our patients between 8:00 am and 6:00 pm. Please provide a number that we should be able to contact you during that time period.

\_\_\_\_\_ (Please circle)                      Home                      Work                      Mobile

If we need to reach you outside these hours, what is the phone number that we should use to contact you?

\_\_\_\_\_ (Please circle)                      Home                      Work                      Mobile

If you are unavailable at the time we call, may we:

Leave medical information with another person?                      YES                      NO

If yes, with whom \_\_\_\_\_  
(Example: Discuss test results with spouse or family member, etc.)

Leave medical information on voicemail or answering machine?    YES                      NO

Preferred method of appointment confirmation:                      Voicemail                      Text

By signing this document, I realize it is my responsibility to advise this office if there is a change in any of the information given.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Recent Federal laws protecting a patient's privacy prevent us from sharing any information about your medical condition without your authorization. If you would like us to release information to your primary care physician and/or other treating physician, please authorize or decline by signing below.

\_\_\_\_\_  
Authorize Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Decline Signature