

SUFFOLK NEPHROLOGY CONSULTANTS, P.C.
Nephrology & Hypertension Specialists

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PATIENT CONTACT INFORMATION SHEET

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of their Protected Health Information (PHI). The individual is also provided the right to request confidential communications or a communication of PHI to be made by alternative means, such as sending correspondence to the individual's office instead of their home.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (Please check all that apply.)

Home Telephone: _____ Written Communication
 OK to leave message with detailed information OK to mail to my home
 Leave message with call back # only OK to mail to my work

Cell Phone Number: _____ **Fax Number:** _____

Work Number: _____ OK to fax to this number
 OK to leave message with detailed info
 Leave message with call back number only

OK to fax shared info to all my doctors, as needed

E-MAIL Address: _____

THIRD PARTY CONTACTS

The **primary** person I wish to have access to my information in regards to my medical condition is:

Name _____ Relationship _____
Phone _____ Street _____
Town/State/Zip Code _____

The **alternate** person I wish to have access to my medical information is:

Name _____ Relationship _____
Phone _____ Street _____
Town/State/Zip Code _____

I have read and understand the above information and acknowledge that these directions are considered in effect until I notify Suffolk Nephrology Consultants in writing about any changes.

PATIENT NAME
(PRINT) _____ DATE _____

PATIENT SIGNATURE/LEGAL REPRESENTATIVE _____