



Pulmonary Disease and  
Critical Care Associates, P.A

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## Authorization for the Communication of Protected Healthcare Information

Pulmonary Disease & Critical Care Associates routinely is unable to contact patients during regular business hours. On these occasions our office leaves messages on communication devices provided by our patients. Protected Healthcare Information that we may possibly disclose on your home, work, or cell phone would include, but is not limited to: test/lab results, prescription/pharmacy information, and instructions for appointments for office visits and procedures.

\_\_\_\_ (Initial) I agree to allow Pulmonary Disease & Critical Care Associate to leave messages that include Protected Healthcare Information on the following:

Complete the preferred or applicable means of communication.

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Mail: Home: \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ (Initial) NO, I do not agree to allow Pulmonary Disease & Critical Care Associates to leave messages that include Protected Healthcare Information on any communication devices. If checking "NO" to this statement, a follow-up appointment must be made to obtain your Protected Healthcare Information.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_