

# Midwest Ear, Nose & Throat Consultants, Ltd.

Central DuPage-ASP  
25 N. Winfield Rd, #519  
Winfield, IL 60188  
630.668.2180

Delnor Medical Office Bldg.  
351 Delnor Dr., #310  
Geneva, IL 60134  
630.377.8708

Springbrook Medical Ctr.  
1247 Rickert Drive, #200  
Naperville, IL 60540  
630.420.2323

## Release and Use of Confidential Information and Receipt of Notice of Privacy Practices Form

I, \_\_\_\_\_, hereby give my consent to Midwest Ear, Nose & Throat Consultants, Ltd. to use  
(Name of Patient or Authorized Agent)  
or disclose, for the purpose of carrying out treatment, payment, or health care operations, all information  
contained in the patient record of \_\_\_\_\_.  
(Print patient's name)

I acknowledge receipt of the physician's Notice of Privacy Practices. The Notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information.

I understand that the physician has reserved a right to change his or her privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided to me or made available upon next office visit following revision of Notice.

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so, to the physician. I also understand that I will not be able to revoke this consent in cases where the physician has already relied on it to use or disclose my health information. Written revocation of consent must be sent to the physician's office.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not the patient, please specify your relationship to the patient \_\_\_\_\_.

### CONFIDENTIAL COMMUNICATION GUIDELINES

I, \_\_\_\_\_, hereby authorize Dr. \_\_\_\_\_ and staff to  
(Name of patient or authorized agent)  
communicate with \_\_\_\_\_ regarding my medical condition and needs (i.e.  
(parent, family member, friend OR ONLY SELF)  
testing, procedure, results, etc.).

Communication methods you may use to contact me:

Leave message on answering machine: \_\_\_\_\_ YES \_\_\_\_\_ NO  
Leave message on a work voicemail: \_\_\_\_\_ YES \_\_\_\_\_ NO  
Leave message with any other person: \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
(Name)

Contact me by fax using the following fax number \_\_\_\_\_ that I consider to be a  
confidential fax.

Other requests for Confidential Communications: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not the patient, please specify your relationship to the patient: \_\_\_\_\_

- Patient's file