



301 Florence Avenue
Statesboro, GA 30458
(912) 489-6422

2066 Watson Blvd., Ste. 406
Warner Robiwns, GA 31093
(478) 599-9992

1905 B North Columbia St.
Milledgeville, GA 31061
(478) 599-9992

3321 Northside Drive
Macon, GA 31201
(478) 599-9992

Patient Name: _____

DOB: _____

1. Please list any family members or other persons to whom we may release information concerning your medical records:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

2. Please list the telephone numbers where you want to receive calls about your appointments or other hearing health information:

Home: _____ Mobile: _____

Work: _____ Other: _____

3. May we leave messages on your home and/or cell phone answering machine or voicemail? Y N

4. If you don't have an answering machine or voicemail at home, may we leave a message for you to call us at your place of employment? Y N

5. Is it permissible to mail appointment reminders or other correspondence to your home? Y N

If not, please provide an alternate mailing address: _____

6. May we send appointment reminders and updates to the email address you provided? Y N

Patient/Guardian Signature

Date

This form will be in effect for **FIVE YEARS** from the above referenced date. Parent/Guardian of minors under age 18 have access to medical records, with the exception of any State Law protecting the privacy of information of minors.