



## Updating Confidential Communications

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Use this section to **AUTHORIZE** others who may contact Nova Medical Group PC to obtain PHI and to communicate with our practice regarding the patient above. For example spouse, children, parent, friends, etc.

Authorized User #1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Authorized User #2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

***\*If more than 2 Authorized users – complete another form.***

Use this section to request that Nova Medical **DOES NOT** disclose my PHI with the following individuals:

Unauthorized User #1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Unauthorized User #1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

---

Do you **AUTHORIZE** Nova Medical Group PC to leave a detailed message on your machine?

Select one of the following options:

\_\_\_\_\_ I **AUTHORIZE** Nova Medical Group PC to leave any verbal messages on my answering machine.

\_\_\_\_\_ I **DO NOT** authorize Nova Medical Group PC to leave any verbal messages on my answering machine.

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