NY HEALTH KIDNEY SPECIALISTS
Nephrology & Hypertension Specialists
2500 Nesconset Highway, Bldg. #14A
Stony Brook, NY 11790
Tel: (631) 689-7800
Fax: (631) 689-3016
nyhealth.com

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: ___________________________
_____ OK to leave message with detailed information
_____ Leave message with call back number only

Cell Phone Number: _________________________

Work 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

Written Communication
______OK to mail to my home
______OK to mail to my work

Fax Number: ______________

______ OK to fax to this number

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_____________________________________