



Eastern Oklahoma Ear, Nose & Throat, Inc.
5020 East 68th Street, Tulsa, Oklahoma 74136-3356
(918) 492-3636 Fax: (918) 494-8915

**EASTERN OKLAHOMA EAR, NOSE & THROAT, INC.
NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT FORM**

By signing this, I acknowledge that I have received a copy of Eastern Oklahoma Ear, Nose Throat Notice of Privacy Practices.

Patient's Name: _____

Account #: _____

Signature: _____ Date: _____

If the signature above is not the patient please state your relationship to the patient.

Guardian Signature: _____ Date: _____

Relationship to patient: _____

Release of Protected Health Information

Information may be released to the following individual(s)

Name Relationship

Name Relationship

***You may revoke this authorization at any time by sending written notice to: Administrator, Eastern Oklahoma Ear, Nose & Throat at 5020 E. 68th St, Tulsa, OK 74136. Your notice will not apply to action taken prior to our office receiving written request to revoke authorization.**

I authorize confidential messages containing my Protected Health Information to be left on:

____ My answering machine at home Phone# _____
____ My answering machine at work Phone# _____
____ My cell phone Phone# _____

=====Office Use Only=====

Employee initials: _____ Date: _____

Comments: _____
