EASTERN OKLAHOMA
EAR, NOSE & THROAT, Inc.

NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT

By signing this, I acknowledge that I have received a copy of Eastern Oklahoma Ear, Nose & Throat's 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 East 68th Street, Tulsa, Oklahoma 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: _____

_____

Yale Office - 5020 E 68th Street, Tulsa, OK 74136
Mingo Office - 9343 S Mingo Road, Tulsa, OK 74133
(918) 492-3636 · **www.eoent.com**