



NORTHGATE UROLOGY ASSOCIATES

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COMMUNICATION CONSENT

It is the office policy of Northgate Urology Associates and staff not to release confidential and/or unauthorized information to home telephone, work telephone, voice mail, cell phone and/or pager. If we are returning telephone calls and the answering machine picks up, we do not leave the name of the practice, but identify ourselves as your "doctor's office" and leave the number for you to return our call. Also, information will not be left with any unauthorized person who may answer the telephone.

I authorize Northgate Urology Associates and/or their staff to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes:

Leave Appointment Message on:

- Answering machine Yes No
- Office voice mail Yes No
- With another person Yes No
- Send through mail Yes No
- Send via e-mail Yes No
- Cell phone Yes No

Leave Other Medical Info on:

- Answering machine Yes No
- Office voice mail Yes No
- With another person Yes No
- Send through mail Yes No
- Send via e-mail Yes No
- Cell phone Yes No

If you would like to have information released to someone other than yourself, please complete the following:

Name

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

Printed Name _____

Signature _____ Date _____