

## “COMMUNICATION POLICY”

It is the policy of Atlantis Orthopaedics to leave a voice message if we are unable to contact you. If this is not acceptable to you, please let us know how you would like to be contacted.

If someone will be calling or requesting information on your behalf, the name of that person must be listed below with your consent to release information to that person.

In an emergency situation, the physician will determine if your protected health information may be disclosed.

Name or names of persons who may request or receive information about you.

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Signature of Patient

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Date