



NORTH SHORE CARDIOLOGY CONSULTANTS
NORTH SHORE VEIN CENTRE

BOARD CERTIFIED CARDIOLOGISTS

Raymond Fisher, MD, FACC
 Marc L. Tenzer, MD, FACC, FACP
 Otakar Sroubek, MD, FACC

7447 W. Talcott · Suite 200 · Chicago, IL 60631-3746
 TEL: (773) 774-5020 · FAX: (773) 774-4967

**COMMUNICATION/
 EMERGENCY CONTACT INFORMATION**
Authorization for Communication with Members of Your Family and/or Other Individuals

Patient Name (Please Print) _____ **Date of Birth** _____

I request that *North Shore Cardiology Consultants/North Shore Vein Centre* keep communications regarding my protected health information confidential. To accomplish this please adhere to the following:

Authorization to leave messages on answering machine, voice mail, mail, e-mail:

Phone:
 Home: Yes ___ No ___ () _____
 Cell: Yes ___ No ___ () _____
 Work: Yes ___ No ___ () _____
 Fax: Yes ___ No ___ () _____

Mail: Address (if different than what is listed on Patient Registration Form)

E-mail Address: _____

I authorize North Shore Cardiology Consultants/North Shore Vein Centre to verbally release any or all information concerning my medical care to the following individuals: (Please list below.)

Name (Please Print)	Relationship	Daytime Telephone No.
Name (Please Print)	Relationship	Daytime Telephone No.
Name (Please Print)	Relationship	Daytime Telephone No.

 Signature of Patient _____
Date

 Signature of Patient Representative (if patient is unable to sign) _____
Date

 Name of Patient Representative (please print) _____
Relationship to Patient