MEDICOR CARDIOLOGY, PA

Atlantic Health System

PATIENT CONFIDENTIALITY

Patient Name:_____ **DOB:**_____

Patient confidentiality is of great concern to our office. Please indicate below where we may leave a message. Our policy is to contact you directly when returning calls and regarding test results.

Phone Number:	**May we leave a message:**	
Home #:_____	**YES**	**NO**
Cell #:_____	**YES**	**NO**
Work #:_____	**YES**	**NO**

Email Address;_____

Due to our confidentiality regulations please state who we have permission to discuss you personal health information with:

Name:_____**Relationship:**_____

Name:_____**Relationship:**_____

Name:_____**Relationship:**_____

Name:_____**Relationship:**_____

In the case of an emergency who may we contact on your behalf:

Name:_____**Relationship:**_____

Home #:_____**Cell #:**_____

Signature:_____

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Bridgewater, NJ 08807
908-526-8668

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Hillsborough, NJ 08844
908-431-0600