NEW YORK UROLOGICAL ASSOCIATES, P.C.

880 Fifth Avenue
New York, New York 10021

Phone: 212-570-6800

245 East 54th Street
New York NY 10022

EDWARD C. MUECKE, M.D.
JON M RECKLER, M.D.
NOEL A. ARMENAKAS, M.D.
R. ERNEST SOSA, M.D.

Fax: 212-861-7964

JOHN A. FRACCHIA, M.D.
ELIZABETH KAVALER, M.D.
ELI F. LIZZA M.D.
MARC D. DANZIGER, M.D.
JOHN H. WON, M.D.
Fax: 212-734-7425

HIPAA DISCLOSURE AND CONSENT FOR TELEPHONE NOTIFICATION

In our ongoing efforts to improve the quality of the patient care we deliver, we are notifying our patients of their appointments telephonically a day or two prior to their scheduled appointment.

We need your written permission to call you at home and/or leave a message with whoever answers your home telephone or leave a message on your answering machine, if you have one.

I, _____ (patient's name), am aware that New York Urological Associates, P.C. pre-confirms appointments via an automated telephone system. My signature below authorizes you to include me in the appointment process. I understand that I can revoke this in writing at any time.

_____ ___/___/___
Signature of Patient Date
Or
Authorized Representative