



MIDWEST EAR, NOSE & THROAT ASSOCIATES, S.C.  
 8600 N. State Route 91, Suite 300  
 Peoria, IL 61615  
 (309) 691-6616 • Fax (309) 691-2943  
 www.mw-ent.com

**Morris H. Cohen, M.D. - 1914—2002**  
**Robert T. Parrish, M.D., FACS - Emeritus**  
**James C. Hertenstein, M.D., FACS**  
**Michael J. Gootee, M.D., FACS**  
**Ryan M. Hendricker, M.D., FACS**  
**Rich Miller, PA-C**  
**Amanda Crawford, PA-C**

Adult and Pediatric Otolaryngology  
 Sinus and Allergy  
 Voice and Swallowing  
 Head and Neck Oncology  
 Facial Plastic and Reconstructive Surgery

Midwest Hearing Center, Inc.  
 Comprehensive Audiological Services

Diplomates of American  
 Board of Otolaryngology

**COMMUNICATION REGARDING CONFIDENTIAL INFORMATION**

In order for Midwest Ear, Nose, & Throat/Midwest Hearing Center to keep communication regarding your health information confidential, please complete this form:

May we contact you at home? Yes \_\_\_\_\_ No \_\_\_\_\_ Phone number \_\_\_\_\_

May we contact you at work? Yes \_\_\_\_\_ No \_\_\_\_\_ Phone number \_\_\_\_\_

May we contact you on your cell phone? Yes \_\_\_\_\_ No \_\_\_\_\_ Phone number \_\_\_\_\_

May we contact you by email? Yes \_\_\_\_\_ No \_\_\_\_\_ Email \_\_\_\_\_

May we send you a text message? Yes \_\_\_\_\_ No \_\_\_\_\_ Phone number \_\_\_\_\_

Contact Preference \_\_\_\_\_

May we leave a message with another party? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list authorized party to receive protected health information on your behalf:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Please list any other special requests regarding your protected health information:

\_\_\_\_\_

Patient's name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are not the patient, please specify your relationship to the patient \_\_\_\_\_