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In order to comply with the specific rules regarding HIPPA (Health Insurance Portability And Accountability Act of 1996) we ask that our patients review and sign a privacy and security of health information document annually.

It is the office policy of Dr. Gary Kasten and staff to not release confidential and or unauthorized information by home telephone, answering machine, work telephone, voice mail, cell phone or email. Whenever returning telephone calls and answering machine picks up we do not leave a message if the telephone number is not on the recorded message to identify the residence. Information will also not be left with an unauthorized person who may answer the telephone.

I authorize the staff of Dr. Gary Kasten to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes.

Location	Number	OK to leave message?	Authorized person to take message
Home Phone			
Cell Phone			
Work Phone			
Email			

Please indicate the location where you prefer that we notify you of medical results/information.

Indicate any additional authorized individuals with whom we may leave information.

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