

ROBERT FELD, MD, FACS, LLC
Board Certified Otolaryngology

Adult & Pediatric ENT • Facial Reconstructive & Cosmetic Procedures • Audiology/Hearing
Endoscopic Sinus Surgery • Snoring & Sleep Apnea Surgery

I have reviewed a copy of the **Notice of Privacy Practices** (located under the “Privacy Statement” tab on this website).

Should I have any questions about the policy, I will discuss them with my physician or the office staff.

Print Name: _____

Signature: _____

Date: _____

I hereby allow Dr. Feld’s office to leave phone messages or talk to the following people concerning test results or surgical scheduling:

- Spouse
- Child
- Parent
- Companion
- Other

Specific individual(s): _____

Signature: _____