

PATIENT COMMUNICATION PREFERENCES

From time to time, in caring for our patients, it may become necessary to contact you by telephone. If you are unavailable when we call, we would like to leave a detailed telephone message (e.g., lab results) when possible. There are also times when you may want us to communicate laboratory results, medications, treatment plans, or billing information to a trusted friend or family member. To protect your privacy, we need your written permission to leave detailed telephone messages on your answering machine, voicemail system, or with a person you designate. This authorization will remain in effect until you rescind it in writing.

_____ **I DO CONSENT** for my healthcare provider to leave detailed telephone messages regarding my personal health information (PHI) using the following options (if no selection is made, it is understood consent to leave detailed messages has not been granted):

ACCEPTABLE CONTACT METHOD FOR MESSAGES:

_____ Home Phone # _____

_____ Work Phone # _____

_____ Cell Phone # _____

_____ A Trusted Friend/Family Member

Name _____

Relationship to Patient _____ Phone # _____

Patient/Responsible Party Signature

Date