

Communication Between Physician Office and Patient

Please read the following information in regards to how communication of your confidential medical information is relayed to you from our office and answer the questions below.

Our office generally contacts patients at their home phone number, cell number, work phone number and occasionally by e-mail or mail in regard to appointment reminders, lab results and/or treatment options. These methods of contact may include leaving messages on answering machines/voice mail. We would also be happy to leave information with a designated family member or acquaintance of your choosing.

Please list these name and numbers for anyone approved for receiving medical information on your behalf:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Are the methods of communication described above satisfactory?

If yes, satisfactory, please sign here. _____ Date: _____

If the methods of communication described above are unsatisfactory and you would like to specify any limits on how we may contact you, please specify. _____

If no, unsatisfactory, please sign here: _____ Date _____

Print Patient Name: _____