

### CONSENT TO COMMUNICATE

Patient: \_\_\_\_\_

**As required by the Health Information Portability and Accountability Act of 1996 you have a right to request that communications concerning your personal health information be made through confidential channels. This medical practice will not ask you why you are making your request, and will make reasonable efforts to accommodate all reasonable requests. Some method of contact must be provided, and as appropriate, information as to how payment will be handled.**

Please mark the ways that you consent to us communicating with you:

Method	Ok to Leave Voicemail	Ok to Leave Message with Another Person	Preferred Contact Method(s)	Best Time to Call*
<input type="checkbox"/> Call Work Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
<input type="checkbox"/> Call Cell Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
<input type="checkbox"/> Call Home Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
<input type="checkbox"/> Send Email	-	-	<input type="checkbox"/>	-
<input type="checkbox"/> Email Appointment Reminders				
<input type="checkbox"/> Email Office Specials				
<input type="checkbox"/> Email Medical Info				
<input type="checkbox"/> Send Regular Mail	-	-	<input type="checkbox"/>	-
Mail to which Address: <input type="checkbox"/> Home <input type="checkbox"/> Other (please list):				
<input type="checkbox"/> Send Text Message - <b>if yes, please list carrier</b> (e.g., AT&T):			<input type="checkbox"/>	-
<input type="checkbox"/> Text Appointment Reminders				
<input type="checkbox"/> Text Office Specials				

\*Best Time to Call Examples: morning, afternoon, daytime, evening, emergency only, do not call, or do not leave a message

If it's ok to leave a message with another person, please list them:

Name	DOB	Relationship	OK to Release Results	Any Comments
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_