



Information Communication Authorization

Patient Name _____ Date of Birth ____/____/____

As part of our efforts to deliver quality care, we may need to contact you at times to return your phone calls, remind you of scheduled appointments, notify you of lab results, or other events. We normally contact our patients between 8:00 a.m. and 6:00 p.m. Monday through Friday. To help us ensure that we contact you in the manner most appropriate for you, please indicate your preferences below.

Please provide the **telephone number(s)** you prefer we use to contact you: _____

Do we have your permission to contact you at this number? (Check one for each number)

Home ☐ Yes ☐ No

Cell ☐ Yes ☐ No

Work ☐ Yes ☐ No

E-mail Communication Opt Out

We occasionally distributes informational e-mails containing Health System news and updates which we hope you will find useful. However, if you DO NOT wish to receive these e-mails, please check the following box to **OPT OUT**. ☐ (Checking this box will not affect your registration with our Patient Portal.)

Protected Health Information Release

We recognize that our patients often prefer to involve their family members or others in their health care. One example is when that other person accompanies you to the examination room. At other times, you might not be readily available to express your preferences, such as when you want that other person to receive status updates while you are undergoing a procedure, to pick up prescriptions or other documents for you, or get answers to billing-related questions about your care. These events would normally involve that other person hearing or seeing some of your health information. To help us better understand your preferences in this matter, please indicate below the names of those individuals, if any, you want to be involved in your care at times when you might not be readily available.

1. _____ Relationship to patient _____

2. _____ Relationship to patient _____

3. _____ Relationship to patient _____

Signature of Patient _____ Date ____/____/____

Signature of Legal Guardian (if applicable) _____

Date ____/____/____