



## Consent to Communicate Medical Information

### Voicemail Communication

Welcome to the practice! Many times during the course of your care our providers will want to provide information to you about laboratory results or other medical issues. Sometimes it is difficult to connect with patients by phone which delays our ability to relay information. Some patients prefer that we leave messages on their voicemails as a way to eliminate delays. Because we are bound to protect patient privacy, we cannot use this method of communication unless we have permission to do so. Please indicate your preference as to how we can communicate information to you during your care as a patient here:

**Yes, you may leave a message on my:**  Home # \_\_\_\_\_  Cell # \_\_\_\_\_

**No, you may not leave a message on my voicemails.**

### Communication with Family Members or Significant Others

Some patients would like us to discuss their medical care with a spouse, family member or other trusted associate. To assure privacy, we require patient permission to do so. Please list below any other persons with whom we may share your medical information.

_____ Name	_____ Relationship
_____ Name	_____ Relationship

### Request for Email Communication

Some patients prefer to communicate with our clinical and administrative support staff by e-mail. Transmitting patient information by email, however, has a number of risks that patients should consider before giving consent. Communications over the Internet and/ or using the email system are not encrypted and are inherently insecure. There is no assurance of confidentiality of information when communicated this way. Nevertheless, you may request that we communicate with you via email. To do so, please provide us with your email information below:

**Yes, I authorize Email Communication**  **No, I do not authorize Email Communication**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Email Address