



## CONFIDENTIAL COMMUNICATION PREFERENCE

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

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

Date of Birth: \_\_\_\_\_

Our current Notice of Privacy Practices allows us to call you with a courtesy reminder regarding upcoming appointments. In some cases, it may become necessary to contact you by telephone to discuss other medical information. Please indicate below which number(s) we may contact you at:

### List Preferred Phone Numbers Below

Home Phone: (\_\_\_\_) \_\_\_\_\_

Initials: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Initials: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Initials: \_\_\_\_\_

### Please Indicate Message Preference Below With Initials

**I consent** and authorize Dr. Christopher A. Simmons, MD and staff to leave a detailed telephone message regarding my medical care at the number(s) listed above.

Initials: \_\_\_\_\_

**I do not** consent or authorize detailed messages regarding my medical care to be left on voicemail, my answering machine or with designated person. I wish to be contacted personally at the number(s) listed above. I understand that there may be delays in receiving my results or medical care.

Initials: \_\_\_\_\_

### Please Indicate Below Any Specific Individuals You Designate To Receive Medical Information On Your Behalf

Designee: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Designee: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Designee: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Designee: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Please Indicate Below Whether Or Not It Is Ok To Disclose Your Medical Information To the Individuals Listed Above

**I consent** and authorize Dr. Christopher A. Simmons, MD and staff to disclose and/or release any medical information or correspondence, including test results, prescriptions, referrals, medical records etc.

Initials: \_\_\_\_\_

**I do not** consent or authorize my medical information to be disclosed to any other individuals.

Initials: \_\_\_\_\_

### This Communication Preference Will Remain In Effect For Three Years Unless You Rescind Or Provide A Change.

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

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