



Patient Communication Form for Privacy Practices

Our office will make an effort to notify you of your test/lab/procedure/etc. results if necessary. Please advise us of the best method of communication and who may and/or may not receive these communications.

We will use the phone numbers, address and email you have provided.

Please Mark the Best Method of Communication:

Home Phone Cell Phone Work Phone Mail Email

I give permission for the following people to receive my Personal Health Information:

Spouse: _____ Phone: _____

Significant Other: _____ Phone: _____

Child: _____ Phone: _____

Child: _____ Phone: _____

Child: _____ Phone: _____

Friend: _____ Phone: _____

Parent: _____ Phone: _____

Other: _____ Phone: _____

DO NOT give my Personal Health Information to the following:

Patient's Signature and/or Guardian

Date

Printed Name

Patient's Date of Birth

Guardian's relationship to patient if applicable