

Communicating with You

In order to effectively communicate with you about your medical information we request that you complete this form identifying the best ways to provide you with your confidential information. We may need to communicate test results, prescription information or respond to a message you left for your physician's office. **We may communicate with you through secure email, and telephone, including leaving messages on your answering machine/voice mail.**

Please check all boxes that you give Hyden Health Care permission to use for your communications:

You may contact me by cell phone	Phone Number: _____
You may leave a message/voicemail	Phone Number: _____
You may contact me by text message	Phone Number: _____
You may contact me through email (Patient Portal)	Email Address: _____

If you give permission for us to communicate with anyone else, please complete the list below:

Name	Phone Number	Relationship
1.		
2.		
3.		
4.		

This request supersedes any prior request for communication of information I may have made.

Signature of Patient/Responsible Party

Date

Name of Patient/Responsible Party (Print)

Relationship to Patient