

CONFIDENTIAL COMMUNICATIONS PREFERENCE

Date: _____

Patient Name: _____ Date of Birth _____

Parent/Legal Guardian Name for Minor Patients: _____

Our current Notice of Privacy Practices allows us to call you with a courtesy reminder regarding upcoming appointments. In some cases it may be necessary to contact you by telephone to discuss other medical information. In the event that you are unavailable, we would like to be able to leave you a detailed message (e.g., lab results, x-rays, and other test results).

Please read the following choices and tell us whether or not we can leave a detailed message regarding the above mentioned information on an answering machine, cell phone and/or with any specific individuals you designate below.

Choose one of the following:

I consent and authorize Lawrence Handler MD and/or staff to leave a telephone detailed message regarding my medical care or my minor child at the following numbers (initial each phone number provided).

Home answering machine _____ Initials _____

Cell Phone _____ Initials _____

Work/Other Phone _____ Initials _____

I consent and authorize Lawrence Handler MD and/or staff to disclose verbally any results or instructions to the following specified person(s) who are at least 18 years or older and who may answer the above phone number(s) in my absence.

Designated Person Name _____ Relationship _____

Designated Person Name _____ Relationship _____

I do not consent or authorize detailed messages regarding my medical care to be left on my answering machine, cell phone or with a designated person. I wish to be contacted personally. I understand that there may be a delay in receiving my results.

This communication preference will remain in effect for one year or unless you rescind or provide a change in that time period.

Signature _____ Date: _____