

Alternative Communications Request Form

Completing this form will provide alternative ways for our staff members to communicate with you.

Patient Name (please print) _____

Complete those that apply:

I give permission to be contacted at any of the following phone numbers regarding messages or results for myself or my minor children:

- Cell # _____
- Home # _____
- Work # _____
- Fax # _____
- Other # _____
- E-mail _____

I give permission for staff to (please mark all that apply):

- Leave message/result on answering machine
(messages will not be left on unidentified answering machines)
- Leave message/result with the following family member:
_____ Relationship _____ Phone Number _____
- Fax lab results to the following number _____

I give permission for the following person(s) to discuss my health information with staff members:

_____ Relationship _____
_____ Relationship _____

The permissions given above will be the standard form of communication until I revoke this in writing.

Patient name (please print) _____ Date of birth _____

Patient / Guardian Signature _____ Date Signed _____

Staff Initials _____

Date Updated _____

Staff Initials _____