

Patient Communication Sheet

Patient Name: _____ Date of Birth: _____

We must call on occasions to discuss confidential protected health information. Below is a list of ways for us to communicate this information to you. Please check how you would like us to get this information to you:

- Okay to call my home and leave a message
 - Call my home phone but **DO NOT** leave a message
 - Do **NOT** call home phone, call only this number
- Can we leave a message? Yes No
- () _____ - _____
- Do **NOT** speak to family members

I give permission to the following individuals listed below to receive protected health information:

1. _____
2. _____
3. _____
4. _____
5. _____

Patient Name

Date

Patient Signature

Witness