

PATIENT COMMUNICATION FORM

Please indicate how you prefer to be notified of your confidential medical information. Most members will prefer to use the HIPAA compliant Spruce App on your smartphone. If not, or you prefer a different way, let us know. Please indicate your preferences below.

You may phone me at: _____

OK to leave a message on your answering machine? _____

OK to leave a message with another person? If so, list name or names if more than one

If you give us permission for someone other than yourself to discuss your medical information with, please list their name, relationship, and phone number below

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I authorize the above list of forms of communication regarding my confidential healthcare information as indicated by my signature below

Patient name (PRINT) Patient/responsible party signature

Date witness

