



Patient's Preferred Method of Communication

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
DOB

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's home. Well Life Family Medicine will make a reasonable attempt to communicate with patient according to the patient's request indicated below.

What is your preferred method of contact for appointment and lab reminders?

- Telephone Preferred number: \_\_\_\_\_
Text messages

I wish to be contacted by Well Life Family Medicine in the following manner regarding lab results and medical information (check all that apply):

Verbal Communication

Home telephone:

- Leave a message on answering machine with detailed information
Leave message with callback number only
I give permission to Leave a message with person listed below

Written Communication

- Mail to my home address
Mail to my work/office address
Fax to this number \_\_\_\_\_
Send email at this address:

Work telephone

- Leave message on answering machine with detailed information
Leave message with callback number only

Other \_\_\_\_\_

\_\_\_\_\_  
Patient Signature (or authorized representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name and relationship, if signed by other than patient

\_\_\_\_\_  
Birthdate