

ERCRC Medical Information Communication Preferences

As our patient, we may need to reach out to you when you are not in the practice. For your privacy, please indicate your preferred method for us to communicate confidential medical information, such as test or lab results to you and/or others involved in your care. Please note that “appointment reminders telephone calls” may be left at the contact number(s) you list below. Please list your email address to receive online health care educational programs ordered by our care provider.

PLEASE INDICATE YOUR COMMUNICATION PREFERENCES BELOW:

I give permission to **leave medical information** pertaining to me, my dependent or child, at the numbers listed below:

METHOD	YES	NO	Area Code, Phone #, Ext, E-mail
Home telephone			
Voicemail (cell, home)			
Work Phone			
Cell Phone			
E-Mail for our Patient Portal secure email registration			
E-Mail to receive provider-ordered online patient education programs			
Appointment Reminder by text			

Without specific permission, we will **not** release any medical information to anyone other than you. In some cases You may wish for another person to have access to your medical information. Please identify those individuals and their relationship to you (i.e. spouse, parent, son, daughter, partner, etc.)

Do not release medical information to anyone other than myself.

I give **permission to release** medical information pertaining to me to the individuals listed below.

Name	Relationship (i.e. spouse, parent, son, daughter, etc.)	Area Code, Phone # - Ext

Local Pharmacy:

I assume responsibility to inform the practice of changes in my phone numbers(s) or my preferences or to revoke this specific medical information authorization at any time.

Signature of Patient or Patient’s Legal Representative

Date

Print Name

Date of Birth