



### 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

###### **Work telephone**

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

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

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

##### Written Communication

- ☐ Mail to my home address
- ☐ Mail to my work/office address
- ☐ Fax to this number \_\_\_\_\_

- ☐ Send email at this address:

☐ Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birthdate