How may we contact you with medical information?

THE WOMAN'S HEALTH PAVILION

Under HIPAA, you have the right to choose how we may communicate with you. We will honor your request unless an emergency exists.

Please indicate if we may contact you with a detailed message using the following:

Your home phone: ( ) Yes ( ) No Verify number if yes: _____

Your cell phone: ( ) Yes ( ) No Verify number if yes: _____

Your work phone: ( ) Yes ( ) No Verify number if yes: _____

Your email address: ( ) Yes ( ) No Verify email if yes: _____

(please indicate "yes" or "no" for EACH)

Note that appointment reminders and recall reminders may be sent by mail, voice, text, or email, or any combination of the above to any telephone numbers and addresses provided.

*

Please specify the name of any other person(s) whom you authorize to contact our office and access your medical information on your behalf:

_____ _____

(Name of individual #1) *(Name of individual #2)*

_____ _____ _____

Print your name Date Signature