

Communication Preferences

Patient Name _____ DOB _____

Your **EMERGENCY CONTACT** is the first person healthcare providers and emergency services will contact if you are in a medical or mental health crisis.

If possible, it is best to have at least TWO emergency contacts.

NAME _____ Phone# _____ DOB _____

Relationship _____

NAME _____ Phone # _____ DOB _____

Relationship _____

A **HIPAA AGENT** is someone you can choose to allow to have access to your medical records, patient portal and can discuss your medical information. Please list all individuals with whom we can discuss medical information.

NAME _____ Phone # _____ DOB _____

Relationship _____

NAME _____ Phone # _____ DOB _____

Relationship _____

NAME _____ Phone # _____ DOB _____

Relationship _____

(Your HIPAA AGENT can be the same person as your Emergency Contact if you choose or someone else)

Patient Instructions for Communication Preferences:

Is it ok to leave a message with results on your voicemail Yes No

Patient Signature _____ Date _____