

Instructions for the Communication of Private Health Information

Patient Name: _____ Chart #: _____

How would you like *us* to contact you? Please check off and fill out all that are appropriate:

- **To Confirm Appointments by Phone:**

Home number: _____ Can we leave a message here? Yes No

Work number: _____ Can we leave a message here? Yes No

Cell number: _____ Can we leave a message here? Yes No

Other number: _____ Can we leave a message here? Yes No

- **To Report Test Results:**

Mail to: _____

Phone:

Home number: _____ Can we leave a message here? Yes No

Work number: _____ Can we leave a message here? Yes No

Cell number: _____ Can we leave a message here? Yes No

Other number: _____ Can we leave a message here? Yes No

Signature of Patient or Legal Guardian

Date