

Simi Medical Group, Inc.

PATIENT COMMUNICATION PREFERENCE AND CONSENT

As a patient of SIMI Medical Group, Inc., there will be times when the providers and staff may need to **contact you by phone to remind you of an appointment, relay test results, etc.** This enables us to communicate with you in a more efficient manner.

I may be contacted in the manner(s) listed below as needed (check all that apply):

Home Telephone:

- ___ It is ok to leave a detailed message (such as, but not limited to, date and time of appointments, lab results, etc.) on my home voicemail.
- ___ It is ok to leave a detailed message (such as, but not limited to, date and time of appointments, lab results, etc.) with persons answering my home phone.
- ___ Please leave a message with office name and number only.
- Other: _____
(Please Specify)

Work Telephone:

- ___ It is ok to leave a detailed message (such as, but not limited to, date and time of appointments, lab results, etc.) on my office voicemail.
- ___ It is ok to leave a detailed message (such as, but not limited to, date and time of appointments, lab results, etc.) with persons answering my work phone.
- ___ Please leave a message with office name and number only.
- Other: _____
(Please Specify)

Written Communications/Release Information to Family Member:

- ___ In addition to mailing personal information to my home, (lab results, referrals, etc.), the office may release medical information to the following person:

PATIENT SIGNATURE/LEGAL GUARDIAN

RELATIONSHIP TO PATIENT

DATE:

PATIENT DATE OF BIRTH