

PATIENT COMMUNICATION CONSENT

We may need to contact you regarding your medical care, appointments, test results, referrals, or any other reason. This is to acknowledge that you authorize Brookwood Baptist Health to contact you and how you wish to be contacted (check all that apply):

	ORDER OF PREFERENCE:	OK TO LEAVE VOICEMAIL?	PHONE NUMBER:
HOME PHONE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CELL PHONE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK PHONE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ALTERNATE PHONE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PATIENT PORTAL & SECURE EMAIL	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	EMAIL ADDRESS:	
<input type="checkbox"/> None of the above			

PHI DISCLOSURE TO FAMILY MEMBERS

You may authorize us to contact a family member regarding your medical care or financial matters. This is to acknowledge that you authorize Brookwood Baptist Health to disclose your PHI to the following individuals (check all that apply):

Name: _____ **Relationship to Patient:** _____

Telephone: (_____) _____ **Email:** _____

Types of Information: Appointment Reminders Results (lab test, X-Ray, etc.) Financial Other: _____

Okay to contact via: Telephone Leave a Voice Mail Patient Portal & Secure Email Other: _____

Name: _____ **Relationship to Patient:** _____

Telephone: (_____) _____ **Email:** _____

Types of Information: Appointment Reminders Results (lab test, X-Ray, etc.) Financial Other: _____

Okay to contact via: Telephone Leave a Voice Mail Patient Portal & Secure Email Other: _____

Name: _____ **Relationship to Patient:** _____

Telephone: (_____) _____ **Email:** _____

Types of Information: Appointment Reminders Results (lab test, X-Ray, etc.) Financial Other: _____

Okay to contact via: Telephone Leave a Voice Mail Patient Portal & Secure Email Other: _____

None of the above **Signature/Date:** _____