

## **Preferred Contact Methods To Assure Patient Privacy**

**I wish to be contacted in the following manner (CHECK ALL THAT APPLY)**

\_\_\_ Home Telephone \_\_\_\_\_

\_\_\_ O.K. to leave message with detailed information (such as appointment time and reason)

\_\_\_ Leave message with call-back number only

\_\_\_ Work Telephone \_\_\_\_\_

\_\_\_ O.K. To leave message with detailed information (such as appointment time and reason)

\_\_\_ Leave message with call-back number only

\_\_\_ Cellular Telephone \_\_\_\_\_

\_\_\_ O.K. to leave message with detailed information (such as appointment time and reason)

\_\_\_ Leave message with call-back number only

\_\_\_ Written Communication

\_\_\_ O.K. to mail to my home address

\_\_\_ O.K. to mail to my work/office address

\_\_\_ O.K. to fax to this number \_\_\_\_\_

\_\_\_ O.K. to email to this email address \_\_\_\_\_

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Patient Name(print)** \_\_\_\_\_