

**Preferred Contact Methods to Assure Patient Privacy**

**I wish to be contacted in the following manner**

**CHECK ALL THAT APPLY**

**Home Telephone**

- Okay to leave message with detailed information (such as appointment time/reason)
- Leave call-back number only

**Work Telephone**

- Okay to leave message with detailed information (such as appointment time/reason)
- Leave call-back number only

**Cellular Telephone**

- Okay to leave message with detailed information (such as appointment time/reason)
- Leave call-back number only
- Okay for office to send *REMINDER TEXTS*

**Written Communication**

- Okay to mail to my home address
- Okay to mail to my work/office address
- Okay to fax to this number \_\_\_\_\_
- Okay to receive emails from this office
- Would like to receive your online newsletter with specials

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

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