



COMMUNICATION FORM

Please take a minute to help us update a means of communication with you.

What is the best phone number to contact you for results during our office hours?

Best Phone to Call: _____

Next Best Phone #: _____

Next Best Phone #: _____

MAY WE LEAVE A MESSAGE ON YOUR ANSWERING MACHINE/VOICE MAIL?

YES

NO

Preferred Language: English _____ Spanish _____ Other _____

PLEASE NOTE

WE CANNOT RELEASE YOUR MEDICAL INFORMATION TO ANYONE WITHOUT YOUR WRITTEN PERMISSION. (Except to other healthcare providers providing treatment to you, and to insurance companies to obtain payment for services we provide to you, per HIPPA guidelines.)

IF YOU WANT US TO RELEASE MEDICAL INFORMATION, PLEASE INDICATE:

NAME: _____ RELATIONSHIP _____

NAME: _____ RELATIONSHIP _____

PLEASE PRINT YOUR NAME: _____

YOUR SIGNATURE: _____

DATE: _____