Kendall L. Krug, OD
Family Eye Care

Patient Communication Consent Form

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending mail, e-mail or text messages.

From time to time, it may become necessary to contact you by telephone. Often our patients are not available when we call them and we would like to be able to leave a detailed telephone message when possible. In order to protect your privacy, we need your written permission to leave such messages. At times it is also necessary to contact you via US Mail. However, it should be noted that our current notice of privacy practices does allow us to call you with a courtesy reminder regarding any upcoming appointment(s).

Patient Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Please provide the number(s)/methods we may use to contact you:

CELL PHONE: #_____
( ) DO ( ) DO NOT leaves messages on my voice mail
( ) DO ( ) DO NOT send text messages to this number

HOME PHONE: #_____
( ) DO ( ) DO NOT leave messages on my answering machine

WORK PHONE: #_____
( ) DO ( ) DO NOT leaves messages at work/with co-workers

E-MAIL:
You may contact me at this e-mail address: _____

APPOINTMENT REMINDER CARDS: **If you forget to schedule your next apt, we'd like to send you a reminder!**
( ) DO ( ) DO NOT send an appointment reminder

I wish my protected health information be released to the following individuals:

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

( ) **I DO NOT** wish my protected health information be released to anyone other than myself.

This will remain in effect until rescinded in writing.

_____ _____
Patient and/or Patient's Representative Signature **Date**