



Communications Consent

Rationale

This form combines two forms: "Acknowledgment of Privacy Practices" and "Consent to Communication".

Rationales and the tools are not legal advice and are not meant to substitute for medical judgment. You may have other tools, systems or protocols in your practice which may make this tool, or a part of it, unnecessary. Further, the tool, or parts of it, may not be applicable to your specialty or practice. You should use or adapt the tools only if appropriate for your practice. You should always consult your own legal counsel for current legal advice as laws and regulations may change.

Acknowledgement of Receipt of Notice of Privacy Practices and Communications Consent

I acknowledge that I have received or have been offered a copy of the Notice of Privacy Practices.

Patient or Personal Representative Signature

Date

Print Name

If a personal representative's signature appears above, please describe personal representative's relationship to the patient below.

I give permission to be contacted in the following manner (check all that apply):

<input type="checkbox"/> Work Telephone:	<input type="checkbox"/> Written Communication
<input type="checkbox"/> OK to leave message with information	<input type="checkbox"/> OK to mail to my home address
<input type="checkbox"/> Leave message with call-back number only	<input type="checkbox"/> OK to mail to work/office address
<input type="checkbox"/> Home Telephone:	<input type="checkbox"/> OK to fax to this number:
<input type="checkbox"/> OK to leave message with information	
<input type="checkbox"/> Leave message with call-back number only	
<input type="checkbox"/> OK to send e-mail to this address:	
<input type="checkbox"/> OK to leave message at home with the following family members:	
<input type="checkbox"/> Patient Information or medical records may be faxed to other Care Providers, hospitals or insurance companies if necessary.	
Patient Signature	Date