

Great Lakes Physician Practice, PC

CONTACT PREFERENCES

THE FOLLOWING ARE WAYS GREAT LAKES PHYSICIAN PRACTICE, PC MAY COMMUNICATE INFORMATION WITH YOU. PLEASE MARK YOUR PREFERENCES BY CHECKING EITHER YES OR NO FOR EVERY OPTION. IF LEFT BLANK, THAT OPTION WILL AUTOMATICALLY BE CHECKED YES IN YOUR RECORD.

BY SIGNING THIS FORM, YOU UNDERSTAND THAT PERMISSION TO CONTACT YOU VIA U.S. POSTAL SERVICES 'MAIL' IS *MANDATORY* AND IS AUTOMATICALLY CHECKED YES.

Name: _____ DOB: _____

Patient Signature (Parent/Guardian if minor patient)

Date

I GIVE PERMISSION TO LEAVE APPOINTMENT INFORMATION:

I GIVE PERMISSION TO LEAVE ROUTINE AND/OR NORMAL TEST RESULTS:

	YES	NO
Home Phone (Include Auto Call)		
Cell Phone (Include Auto Call)		
Mobile Text (Include Auto Call)		
Work Phone		
With Another Person		
Send via Mail	XX	
Send via Patient Portal		

	YES	NO
Home Phone (Include Auto Call)		
Cell Phone (Include Auto Call)		
Mobile Text (Include Auto Call)		
Work Phone		
With Another Person		
Send via Mail	XX	
Send via Patient Portal		

Person(s) authorized to communicate my Private Health Information (PHI) with if any:

Check circle if this person is also an **EMERGENCY CONTACT**

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
<input type="radio"/> _____	_____	_____
<input type="radio"/> _____	_____	_____
<input type="radio"/> _____	_____	_____

Notice of our privacy practices can be found posted on our website www.jamahealthcare.com and throughout our offices. If you would like a copy of our Notice please ask, we are happy to give you one.