

Patient Communication Preferences

Patient Name: _____ DOB: _____

Patient confidentiality is important at Life Care Family Practice. Therefore, it is important that you provide us with the following information to ensure there is no violation of your privacy.

In the event that I need to be reached regarding lab results, account information or for medical reasons, Life Care Family Practice may leave the information as designated:

_____ (Initials) Test Results

LCFP can leave my results as follows:

- May call me at _____
 - May leave results on answering machine/voicemail at home number listed in chart
 - May leave results on voicemail at work _____ (number)
 - May leave results on voicemail on cell phone _____ (number)
 - May leave results with _____ (name)
 - Other communications method (describe) _____
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_____ (Initials) LCFP **may not** leave results or account information with anyone else

_____ (Initials) Account Information

- May call me at _____
- May leave account inquiry/information on answering machine/voicemail at home
- May leave account inquiry/information on voicemail at work _____
- May leave account/inquiry/information on voicemail at home _____
- Other communications method (describe) _____

I understand that if the status of any of the above information changes, it will be my responsibility to inform the staff of Life Care Family Practice.

My signature indicates that I understand that cell phones/cordless phones are not secured telephone lines. I also understand that my employer may monitor phone calls and/or messages I receive at work. Therefore, confidentiality is not ensured in these cases.

Patient Signature: _____ Date: _____