



Patient Preferred Method of Communication

To All of our Patients:

In an effort to communicate with our patients effectively, it is our policy to leave a message confirming appointments. It is our office policy NOT to leave any medical information or results in a telephone message, without your permission. We do this in order to comply with medical confidentiality regulations.

Please indicate below whether we have your permission to speak with a family member (specific name) or to leave a message on your answering machine / voicemail. If we need to notify you by mail, please be advised this may take up to two weeks.

I hereby give permission for Westchester Health Associates to:

- a) Give information regarding test results

To (name) _____ Phone # _____

- b) Leave test results on my Answering Machine / Voicemail: YES NO

- c) Permission to speak to spouse or family member with any billing or collection issues pertaining to your account

YES NO

Name of Family Member _____

- d) Emergency Contact Number _____

This person will only be contacted if you had urgent test results and we are unable to contact you after several attempts.

Signature of Patient _____ Date _____

Print Name _____

Signature of Parent/ Guardian _____ Date _____

EMAIL ADDRESS: _____