



## Patient Preferred Method of Communication

To All of our Patients:

In an effort to communicate with our patients effectively, it is our policy to communicate using our NextGen Patient Portal. **We strongly encourage all patients/care managers (excluding patients ages 12 to 18) to enroll in the portal and utilize it as your preferred method of communication with your physicians at Westchester Health.**

\_\_\_\_\_ I acknowledge the patient portal will be my preferred method of communication.

\_\_\_\_\_ I would like to speak with a staff member regarding my preferred method of communication.

\_\_\_\_\_ I am unable to use the portal and wish to communicate with my physician by phone.

In the event we are unable to reach you via the patient portal we ask you to complete the information below.

It is our 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 Medical to:

- a) Give information regarding test results

To (name) \_\_\_\_\_ Phone # \_\_\_\_\_

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

- b) Permission to speak to spouse or family member with any billing or collection issues pertaining to your account: YES NO

Name of Family Member: \_\_\_\_\_

- c) Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

*Emergency contact will only be called for urgent test results and if we are unable to contact you after several attempts.*

Print Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_