Specialists in Sports and Orthopedic Rehabilitation

Patient Name: _____ Med Rec # / Account #: _____

**Communication Consent Form**

In order to effectively communicate with you, we request that you complete this form, identifying the best ways to provide you with your confidential information. We may need to communicate appointment reminders, referral and authorization information and/or respond to a message you left for the office, etc. We might communicate with you through mail, electronically and/or by telephone. This may include leaving messages on your answering machine/voice mail or sending messages via text and email.

Please check all boxes that you give _____ permission to use for your communications:

□ You may contact me by telephone/leave a voice mail Phone Number(s): _____

□ You may contact me by text message Phone Number(s): _____

You may contact me by email with the following types of information: (check all that apply)

□ Appointment Reminders □ Provider Updates / Announcements / Satisfaction Survey □ Clinic Promotions

Email address: _____

**Preferred contact method:** □ Phone □ Text □ Email

**Primary Language:** □ English □ Spanish □ Other _____

- E-mail correspondence will be between Provider and an adult Patient 18 years or older, or parent or legal guardian of a minor Patient.
- Patient and Provider will not use email for communicating sensitive medical information. Although Provider has implemented reasonable technical safeguards, there is a potential that Email sent or received over the Internet can be intercepted, altered, forwarded, and / or read by others. When Provider sends you an email or you send Provider an email, the information that is sent is not encrypted.
- You may withdraw this consent at any time by submitting a written request to the Provider. Your consent may be withdrawn except to the extent that action has been taken in reliance on this consent.

Patient's Signature: _____ Date: _____

Print Name: _____ **(when patient is a minor, or is not competent to give consent, the signature of a parent, guardian, or other legal representative is required).**

Signature of Legal Representative: _____ Date: _____

Print Name of Legal Representative: _____

Description of Legal Representative Authority: □ Parent □ Medical Power of Attorney (attach documentation)

□ Other _____ (Explain and Attach Documentation)