

# Communication preferences

We respect your privacy. Periodically, we need to message our patients regarding appointments, test results (normal or abnormal), or other medical information or questions.

Do we have your permission to leave a **confidential medical message** via email, SMS

text or voice mail?  NO  YES

I, \_\_\_\_\_ (first and last name) DOB \_\_\_\_\_

hereby give consent to Dr. Shafa and her staff to **leave a confidential medical message** via the following method. **If yes**, please indicate your preferred methods of communication from 1-4 below. (1 - most preferred, 4 - least preferred)

Cell phone # ( ) \_\_\_\_\_ SMS VOICE NO

Home phone # ( ) \_\_\_\_\_ SMS VOICE NO

Work phone # ( ) \_\_\_\_\_ SMS VOICE NO

Patient's Email \_\_\_\_\_ YES NO

## Consent to release medical information

Do we, Dr. Parvin Shafa M.D. or her staff have your permission to share your medical information with any other person or your family member?  NO  YES

If yes, Name and relationship \_\_\_\_\_

PLEASE SIGN: X \_\_\_\_\_ DATE: X \_\_\_\_\_