



Excellent communication is a very important part of providing quality health care. In an effort to provide you with the timeliest information regarding our health care, we are asking you to complete this waiver.

- We normally contact our patients between 9:00 a.m. and 5:00 p.m. During this time what is the phone number we should use to contact you?

(_____)_____ Home Work Cell

- If a call is necessary outside of these hours, what is the phone number that we should use to contact you?

(_____)_____ Home Work Cell

- If you are unavailable at the time we contact you, may we leave medical information with another person? YES NO If YES, with whom? _____

- If you are unavailable at the time we try to contact you, may we leave medical information on voice mail or an answering machine? YES NO

- If you are unavailable at the time we try to contact you, may we leave appointment reminders on voice mail or an answering machine? YES NO

- If you have a pharmacy that you frequently use, please provide us the following information:

Pharmacy Name _____

Location _____ Phone (_____)_____

If there are ANY changes to the above information, it is your responsibility to contact our office with the changes. Thank you.

Name (please print)

Signature

Date