 Consent to Communicate

Date:\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following people are permitted to receive information on appointments, testing, medications, and other health information for the above patient:

Name: Relationship to Patient: Restrictions:

(No test results, no medications info, etc.)

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The following people are permitted to bring the above patient in to be seen for appointments:

Name: Relationship to Patient: Restrictions:

(Sick only, no physicals, no medication review/charges, etc.)

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We are permitted to leave a voicemail message on the phone numbers in the above patient’s file regarding appointment information, medication refills, testing, (results will NOT be left on voicemail) or other information regarding care? **\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No**

Lapeer Pediatrics is asking for permission to send text message reminders for your upcoming appointments. **Cell Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can send general lab/test results via text:\_\_\_\_**Y\_\_\_\_ N**

Email Address (please write neatly):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can send general lab/test results via Email: **\_\_\_\_\_ Y \_\_\_\_\_N**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Patient/Legal Guardian) Relationship:

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Print Name: (Patient/ Legal Guardian