

PATIENT NAME: _____
GUARDIAN: _____

COMMUNICATION ACKNOWLEDGEMENT – CONSENT

There are many ways to communicate with you. It is important to keep appointments and let us know if problems or issues arise. Methods of communicating are by telephone, text, voicemail/answering machine, live video, email, and regular mail.

If an emergency arises, keep us alerted to your progress so we may aid in any necessary treatments. Messages left after hours and on weekends will be checked the next business day. Postop patients with Urgent Medical issues should be contacting Dr. MacPhee directly. All attempts will be made to preserve your privacy in accordance with HIPAA rules.

Please confirm below all acceptable ways of communicating with you:

_____ **Telephones** : Cell : _____
Home: _____
Work: _____
Other: _____

_____ **Text or SMS to cell phone***:** _____

*****Do not include Cell phone number for texting/SMS if you do not want to risk incurring your phone company charges for these messages. We typically send appointment reminders via text/sms messages.**

_____ **Email address(es):** _____

Your Telehealth appointment invitations will be sent to your email in advance of a scheduled appointment.

_____ **Regular Mail Address:** _____

Signature: _____

Date: _____