

Request to Communicate

I authorize DCH HEALTH SYSTEM to directly, or through its authorized vendor, contact me by the means provided below. Please do not respond to DCH text messages or emails with your protected health information. Under HIPAA, text messages and unencrypted emails are not considered a safe form of communicating health information and messages may be intercepted by others during transmission. Information that may be sent to help me or my child stay healthy, includes:

- timely reminders about needed doctor visits or schedule changes
- detailed messages
- how to get help scheduling patient visits
- information to help manage illnesses
- requests to review the quality of healthcare services provided and/or participate in a survey
- any other healthcare related function

I understand I **do not** have to provide any of the communication sources, but if I do it is my responsibility to notify DCH HEALTH SYSTEM of any changes.

Home Phone: _____
Ex: 123-456-7890

You may leave a detailed message

I opt out of receiving reminders or other information to this number

Cell Phone: _____
Ex: 123-456-7890

You may leave a detailed message

I opt out of receiving reminders or other information to this number

Work Phone: _____
Ex: 123-456-7890

You may leave a detailed message

I opt out of receiving reminders or other information to this number

Email: _____

You may leave a detailed message

I opt out of receiving reminders or other information to this email

Please Note: If you do not mark the box to leave a message, we will not leave a message.

Do you give permission for us to contact or leave information with another person? Yes No

List name of person(s): _____

Contact phone number: _____
Ex: 123-456-7890

Does patient want to participate in AL Health Info Exchange? Opt In Opt Out Patient Unable to Respond

Signature of Patient/Patient Representative

Date/Time

Relationship of Patient Representative



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