



COMMUNICATION AGREEMENT

Please provide us with **YOUR best, most current** phone contact information. This information will become part of your permanent medical record unless/until you change it. You can change this information simply by asking to complete a new form.

Please note: by approving the option to leave a detailed message you are allowing us to leave sensitive health information and specifics related to referrals and diagnostic testing results.

1st Preferred Number: Cell Okay to leave a detailed voice message?
 Work
() - Home Yes No

2nd Preferred Number: Cell Okay to leave a detailed voice message?
 Work
() - Home Yes No

3rd Preferred Number: Cell Okay to leave a detailed voice message?
 Work
() - Home Yes No

Signature of client (or personal representative)

Date

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name

Relationship to Client