

Ideal Family Healthcare, P.C.

Patient Contact Policy



In caring for you, our patients, it will become necessary or desirable to contact you at some time. When you are not available to speak with us directly, we would like to leave you a message, send an email, or fax to a personal fax machine.

In order to protect your privacy, we have developed a policy for contacting you:

1. We will not leave messages (other than we tried to contact you) with anyone except you, the patient.
2. We will not leave information (other than we tried to contact you) on an answering machine.
3. We will not leave messages (other than we tried to contact you) on a voice mail system.

Unless

We have your (or your legal guardian's) written permission to leave messages containing medical information for you or to contact you by phone, email or fax. Please indicate below the acceptable methods of contacting you.

I give permission by my signature, as of the date below, to the following methods of contacting me regarding specific, personal, medical information as indicated by my initials:

- Home phone answering machine: (____) ____--____ Initials_____
- Office phone voice mail: (____) ____--____ Initials_____
- Personal fax machine: (____) ____--____ Initials_____
- Email address: _____ Initials_____
- (E-mail is **not** secure – others may have access to your information once it leaves our office on the internet)
- Other: _____ Initials_____

I would also like to give permission to discuss my medical care with the following individuals:

- Name (please print)_____ Relationship:_____
- contact phone number:(____) ____--____ Initials_____
- Name (please print)_____ Relationship:_____
- contact phone number:(____) ____--____ Initials_____

Signature of Patient or Legal Guardian

Date

Print Patient's Name

Print Name of Legal Guardian, if applicable