



PATIENT CONSENT TO MEANS OF COMMUNICATION

Patient Name: _____

SSN: _____ **DOB:** _____

Telephone: _____

I have read and initialed below, in all 5 sections, the means by which I consent to have Pride Medical, Inc. communicate with me concerning the Protected Health Information (PHI) for Treatment, Payment and Health Care Operation (TPO) purposes. Please initial the blank in front of the Statement to which you agree.

- **SECTION I – Telephone calls and Voice Mail**

_____ Pride Medical may call my home at the following number(s) and leave a message on voice mail or in person with regard to any items that have to do with PHI-TPO, such as appointment reminders and insurance items, as well as items concerning my clinical healthcare, including leaving a message about laboratory or other test results. I understand that by leaving information in this manner, there is a chance that other people may have access to this information. If I want, I can specify below the type of laboratory or test results that may be left in this manner.

The telephone number(s) to which I would like calls made to is/are the following:

_____ PLEASE DO NOT LEAVE MESSAGES ON MY VOICE MAIL OR ANSWERING SYSTEM

- **SECTION II – US Postal Service or other Overnight Carrier (FedEx, DHL, UPS)**

_____ Pride Medical may mail to my home or other alternative location that I specify, any items that assist in carrying out TPO. These items may include appointment reminder cards, patient statements, insurance items and items concerning my clinical care, such as laboratory or other test results. With the exception of patient statements, all correspondence will be marked "Personal and Confidential." The address to which I want items mailed:

Address: _____

City: _____ **County:** _____ **State:** _____ **Zip Code:** _____

- **SECTION III – Emails**

_____ Pride Medical may e-mail to the address(es) I have indicated below, any items that assist in carrying out TPO, such as appointment reminders, patient statements, insurance items and items concerning my clinical care, such as laboratory or other test results. I understand that email may not be a secure means of transmittal. If I want, I can specify below the type of laboratory or test results that may be left in this manner.

The e-mail address(es) to which I would like messages sent is/are the following:

_____ PLEASE DO NOT SEND ANY MESSAGES VIA EMAIL

