



CONSENT TO DISCLOSE PERSONAL HEALTH INFORMATION

HELP IMMUNOe COMMUNICATE WITH YOU BETTER

Please use this form to tell us how you would like us to leave messages or discuss your health with others, and how we should contact you with non-urgent news such as lab results or appointment reminders. If you are completing this form on behalf of another patient (i.e. a minor child), please use the patient's information.

1. **WHAT NAME I PREFERRED TO BE CALLED:** _____

2. **HOW I LIKE TO GET MESSAGES** (please check only one):

- Secure email through patient portal**
- Phone:** _____

3. **WHEN IS IT OKAY TO LEAVE A MESSAGE ABOUT MY HEALTH:**

(In the case of urgent news, we will always strive to reach you directly.)

- Never
- On my voicemail at home. Number: _____
- On my voicemail at work. Number: _____
- On my voicemail on mobile phone. Number: _____

4. **WHO IS IT OKAY TO DISCUSS MY HEALTH WITH:**

- No one
- Any of the people listed below:

Name	Relationship	Phone Number

Name	Relationship	Phone Number

5. **WHAT IS OKAY TO DISCUSS OR LEAVE A MESSAGE ABOUT:**

- Any information about my treatment*, OR:**
- Laboratory results
- Medical instructions or advice
- Prescription drug information
- X-ray reports
- Appointment information, including type of appointment
- Other (specify): _____

Patient Name	Date of Birth

Signature of Patient or Authorized Personal Representative	Date