

HIPAA Compliance & Patient Consent Form

May we phone, email, or send a text to you to confirm appointments?

Yes

No

May we leave a message on your answering machine at home or on your cell phone?

Yes

No

May we discuss your medical condition with any member of your family?

Yes

No

If YES, please name the members allowed:

Date

Save 

Reset Signature

Patient's Name

Patient's Email

Text Number

Voicemail