



## Communication Preferences

We value your time. Please let us know how you prefer to be contacted for the following notifications:

- **Health Notifications**

Email via patient portal     Text     Phone call

- **Prescription Notifications**

Text

- **Appointments**

Email via patient portal     Text     Phone call

- **Announcements**

Email via patient portal     Text     Phone call

- **Billing**

Email via patient portal     Text     Phone call

Preferred phone number for texts (if applicable) \_\_\_\_\_

Preferred phone number for calls (if applicable) \_\_\_\_\_

**Please let us know if you would like help setting up your patient portal account. We are happy to help!**

**If you wish to share your medical, scheduling and/or billing information with any family members, or others close to you, sign this form and indicate what information you are giving permission to release.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Billing

Medical

Scheduling

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Billing

Medical

Scheduling

Signature: \_\_\_\_\_ Date: \_\_\_\_\_