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Consent to Communicate Medical Information

Voicemail Communication

Welcome to our practice! Many times during the course of your care our providers will want to provide information to you about laboratory results or other medical issues. Sometimes it is difficult to connect with patients by phone which delays our ability to relay information. Some patients prefer that we leave messages on their voicemails as a way to eliminate delays. We are bound to protect patient privacy, we cannot use this method of communication unless we have permission to do so. Please indicate your preference as to how we can communicate information to you during your care as a patient here:

- Yes, you may leave a message on my:
 - Home # _____
 - Cell # _____

- No, you may not leave a message on my voicemails.

Communicate with Family Members or Significant Others

Some patients would like us to discuss their medical care with a spouse, family member or other trusted associate. To assure privacy, we require patient permission to do so. Please list any other persons with whom we may share your medical information.

Name Relationship to Patient

Name Relationship to Patient

Request for E-mail Communication

Some patients prefer to communicate with our clinical and administrative support staff by e-mail. Transmitting patient information by e-mail, however, has a number of risks that patients should consider before giving consent. Communications over the internet and/or using the email system are not encrypted and are inherently insecure. There is no assurance of confidentiality of information when communicated this way. Nevertheless, you may request that we communicate with you via e-mail. To do so, please provide us with your email information below:

- Yes, I authorize E-mail communication
- No, I do not authorize E-mail communication

Patient Signature E-mail Address