



Patient Communication Preferences

Patient Name _____ **Date of Birth** _____

Patient confidentiality is important at Pediatrics at Brookstone. Therefore, it is important that you provide us with the following information to insure there is no violation of your privacy.

In the event that I am unable to be reached at the home number listed in my child’s chart, Pediatrics at Brookstone may leave the following information as designated:

_____ (Initials) Test Results

___ May call at the following alternative number(s) _____

___ May leave test result on answering machine/voicemail at home

___ May leave test result on voicemail at work

___ May leave test result on voice mail for cell phone

___ May leave test result on e-mail at _____

E-mail address

_____ (Initials) Pediatrics at Brookstone may not leave test results on voicemail or answering machine.

_____ (Initials) Referral, Specialist appointment or test information (but not results)

___ May call at the following alternate number(s) _____

___ May leave referral or test information on answering machine /voicemail at home

___ May leave referral or test information on voicemail at work

___ May leave referral or test information on voicemail for cell number

_____ (Initials) Pediatrics at Brookstone may not leave referral, specialist appointment or test info.

I understand that if the status of any of the above information changes, it will be my responsibility to inform the staff of Pediatrics at Brookstone.

My signature also indicates that I understand that cell phones and cordless phones are not secure telephone lines and that Pediatrics at Brookstone cannot guarantee confidentiality of electronic communication (including e-mail). Therefore, confidentiality is not assured in these cases.

Date _____ Signature of Parent/Guardian _____