



Patient Declaration of Communication Preferences

Patient Name: _____

Patient #: _____

Address: _____

Birth date: ____ / ____ / ____

SS#: ____ - ____ - ____

Our communications with you may include telephone calls (live or recorded) made to your home phone, messages left on your answering machine or with the person answering your phone, and written correspondence (i.e., appointment reminders, statements) mailed to your home. We will only discuss information regarding your care with the individuals indicated below.

I consent to the above methods for Wilmington Cardiology, PLLC to contact/communicate with me

-OR-

I have the following preferences (check all that apply):

Call me at the following number (do not call me at my *home* number): _____

Do *not* leave a message on my answering machine

Do *not* leave a message with anyone else answering my phone

Please do *not* mail appointment reminder cards to me

Please send all mail (i.e., reminders, statements) to the following address, instead of my home address:

Street: _____

City, State, ZIP: _____

You may discuss my care only with the following people: Name: _____ Relationship: _____
Name: _____ Relationship: _____

"I understand that the Physicians, Providers, and Staff of Wilmington Cardiology, PLLC respect my right to privacy, and will make reasonable efforts to accommodate these preferences, as outlined in the Notice of Privacy Practices that I received from Wilmington Cardiology, PLLC."

X

Patient/Representative Signature

Date

Name (if other than Patient)

Acknowledgement

"I acknowledge that I have received a copy of Wilmington Cardiology's Notice of Privacy Practices brochure."

X

Patient/Representative Signature

Date

Name (if other than Patient)