

## Communication Agreement

Eastside Family Vision Care 12040 98th Ave. NE, Ste. 104 Kirkland, WA 98034 Ph 425.820.2143 Fax 425.820.2147  
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Patient Name (Last, First) \_\_\_\_\_

Birthday \_\_\_\_\_

Eastside Family Vision Care may need to contact you to discuss your health, review results of testing, or to coordinate your care. Please review and answer a few questions regarding your preferences for this communication. This is for your convenience so that we can contact you effectively.

1. May we leave messages regarding your health information on your voice mail at **HOME**? Yes  No

If yes, please provide # \_\_\_\_\_

2. May we leave messages regarding your health information on your voice mail at **WORK**? Yes  No

If yes, please provide # \_\_\_\_\_

3. May we leave messages regarding your health information on your **CELLULAR PHONE**? Yes  No

If yes, please provide # \_\_\_\_\_

4. Many patients now prefer **EMAIL** to communicate appointment changes, results of exams and testing, reminder notices, etc. May we contact you via **EMAIL** regarding your health information? Yes  No

If yes, please provide email: \_\_\_\_\_

5. With whom may we discuss your health information? (i.e. parents, guardians, teachers, grandparents, nanny, other health care providers) \_\_\_\_\_

I agree that I am making this request for my convenience, without coercion or pressure by my health care provider or any other party. I understand that this request may result in someone other than myself learning of my personal health information. I also understand that this agreement will be in place until I personally request in writing that it be cancelled. I will be responsible for completing a new request form to update contact numbers should they change. If my contact numbers should change, I give permission to send test results to my home address.

\_\_\_\_\_  
Patient or Legally Authorized Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name if signed on behalf of patient

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Staff Initials

\_\_\_\_\_  
Date