

COMMUNICATION FORM

I give permission for DMU clinic employees to contact me and leave messages in the manner listed below as it relates to my care at Des Moines University Clinic.

CONTACT INFORMATION:

Home Phone #:	May clinic staff leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone #:	May clinic staff leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Phone #:	May clinic staff leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate your primary contact preference: Home # Work # Mobile # Mail Portal

Email address: _____

AUTOMATED MESSAGING PREFERENCES: Please indicate how you would like to receive automated messages. You can choose more than one option; for example, you can get appointment reminders via Email, phone, and text messaging. If you do not check an option in a category below, you have "Opted Out" of receiving messages for that category: example if you do not check an option under Announcements you will not receive any announcements.

Health Notifications:	<input type="checkbox"/> Email <input type="checkbox"/> Phone* <input type="checkbox"/> Text Message*
Appointment:	<input type="checkbox"/> Email <input type="checkbox"/> Phone* <input type="checkbox"/> Text Message*
Announcements:	<input type="checkbox"/> Email <input type="checkbox"/> Phone* <input type="checkbox"/> Text Message*
Billing:	<input type="checkbox"/> Email <input type="checkbox"/> Phone* <input type="checkbox"/> Text Message*

*If you checked any "text message" box above, you are giving DMU permission to send a text to your mobile number.
 *If you checked any "phone" box above and we have your mobile number listed, you are giving DMU permission to call your mobile number.

To change any of your communication preferences, including enrolling in text message appointment reminders, log in to your "My DMU Chart" portal account and indicate your Contact Preferences under the My Profile tab.

I have designated the people listed below as being involved in my health care. They may also be privy to any related financial or insurance information at DMU Clinic. I give DMU permission to disclose this information with these designated people.

Name	Phone Number	Relationship	May a message be left at this number?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

The people listed below **MAY NOT** have access to my health care and financial / insurance information at DMU. For termination of parental rights, we must have the supporting legal documentation on file. If we do not have the supporting legal documentation on file, both parent will have access to medical / financial / insurance information.

Name	Relationship (e.g. parent, guardian)

Patient or legal representative signature

Date