



Patient Communication Preferences

Date: _____

Patient Name: _____

Date of Birth: _____

We use an automated reminder call and messaging system to notify you of upcoming appointments, inform you of lab and other test results, billing information, and other information we'd like to share with our patients. For upcoming appointments, you will be contacted up to three business days in advance and given the opportunity to confirm or change your appointment. To assist our patients with access to their information, such as visit summaries, results of lab work, imaging, or other tests, we have a secure portal where you can view this information. You can also receive your results through a phone call or messaging system.

By answering the following questions, you'll be letting us know your preferences for receiving this information. If you would like to change this information at any time, simply request and complete this Patient Communication Preferences form again and we will update your preferences accordingly.

Consent to received automated phone calls/text messages (as indicated below): ☐ Yes ☐ No

Please check your preferences below for receiving information:

Information Type	Email*	Phone*	Text*
Health Notifications	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Prescription Notifications	N/A	N/A	<input type="checkbox"/> Yes
Appointments	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Announcements	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Billing Information	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Other CHP Informational Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Patients choosing the Text Message option above will receive an initial text message which will require a response in order to opt-in to receive future text messages.

Please provide us with the following information to be used to contact you as above if different than the information on the Demographics form:

Email Address: _____ Cell Phone Number: _____

Alternate Phone Number: _____ Type of Phone (cell, home or work): _____

May we leave a voice mail message or on your answering machine (no confidential information)?
☐ Yes ☐ No

Would you like to register for the Patient Portal? ☐ Yes ☐ No ☐ Already Registered
If yes, we'll use your email address as above unless you provide a different email address:

Are there any restrictions as to who is allowed to reschedule your appointments? If so, please note these below: _____
