|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | **Roberta L. Gartside M.D.**  *1800 Town Center Drive, Suite 412*  *Reston, VA 20190*  *Phone (703) 742-8004*  *Fax (703 ) 742-3749* | | | | | | |
|  | | | | | | | | | | | | |
| Consent to Communicate | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  | | |
|  | | | | | | | | | | | | |
| Please mark the ways that you give consent for us to communicate with you: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Method** | | | **Use Patient ID** | | **Ok to Leave Voicemail** | | **Ok to Leave Message with Another Person** | | **Preferred Contact Method(s)** | | | **Best Time to Call\*** |
| Call Work Phone | | | Yes No | | Yes No | | Yes No | |  | | |  |
| Call Cell Phone | | | Yes No | | Yes No | | Yes No | |  | | |  |
| Call Home Phone | | | Yes No | | Yes No | | Yes No | |  | | |  |
| Email\*: | | | - | | - | | - | |  | | | - |
|  | Email to use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Please be aware that general email communication over the internet is **not** encrypted and may not be secure  Email Appt Reminders | | | | | | | | | | | |
|  | Email Medical Info | | | | | | | | | | | |
|  | Email Marketing/Specials Information | | | | | | | | | | | |
| Send Regular Mail | | Yes No | | | - | | - | |  | | | - |
|  | Mail to which Address:  Home  Other (please list): | | | | | | | | | | | |
| Send Texts | | | | - | - | | - | |  | | | - |
|  | *\*Best time to call examples: AM, PM, ANY, or DO NOT CALL* | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| If you wish to give consent to allow our office staff to communicate about your medical health, insurance, billing matters, or appointments to anyone else, please fill out their information below: | | | | | | | | | | | | |
| **Name** | | **DOB** | | | **Relationship** | | | **OK to Release Results** | | | **Any Comments** | |
|  | |  | | |  | | | Yes No | | |  | |
|  | |  | | |  | | | Yes No | | |  | |
|  | |  | | |  | | |  | | |  | |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_