



COMMUNICATION AGREEMENT FORM

Patient Name _____
Last First Middle

Our Goal is to protect your privacy and as such we prefer not to leave detailed messages on voice mail. If you wish to authorize us to leave a message regarding your healthcare with a family member or friend, please list the authorized individuals below.

Name _____ Relationship _____

Name _____ Relationship _____

Please indicate below which option you authorize us to employ:

1. I authorize messages to be left on voice mail or with the designated individual listed above regarding appointment reminders, forms or prescriptions if I am unavailable. We WILL NOT leave detailed information regarding tests or lab results on voice mail.

Patient Signature (parent If minor) _____ Date _____

PRINTED NAME OF PATIENT _____

2. I will only receive information regarding appointment reminders, forms or prescriptions myself and I do not authorize the use of voice mail to communicate any information.

Patient Signature (parent If minor) _____ Date _____

PRINTED NAME OF PATIENT _____

PRESCRIPTION MANAGEMENT AUTHORIZATION

I authorize Mountain View Internal Medicine and Pediatrics to utilize Electronic Prescription Management to pull information from an external pharmacy database to maintain my most current medication list and to assist in compliance with my Insurer's Pharmacy Formulary Requirements.

Patient Signature (parent If minor) _____ Date _____



DEMOGRAPHIC INFORMATION

The Department of Health and Human Services has mandated that physicians utilizing an Electronic Medical Record collect information regarding patient's race, ethnicity and preferred language. This is part of a long term commitment we have made to utilize technology to help us deliver the best possible care to our patients. This data will track quality of care, mortality rates, and clinical outcomes. Race and ethnicity can affect some diagnostic testing ranges and values, this data assists in improving the accuracy of interpreted test result as well.

RACE

Native American or Alaskan Native Asian Black or African American

Hispanic White Other Race

Native Hawaiian or other Pacific Islander

ETHNICITY

Hispanic or Latino Not Hispanic or Latino

Preferred Language _____