



# Digestive Healthcare Consultants of Northwest Ohio

## Manner of Contact Form

Patient name: \_\_\_\_\_ Chart number: \_\_\_\_\_ DOB: \_\_\_\_\_

**I wish to be contacted in the following manner (check all that apply):**

**Oral Communication:**

- |  |  |
|--|--|
| <input type="checkbox"/> Home Telephone _____                            | <input type="checkbox"/> Work Telephone _____                            |
| <input type="checkbox"/> O.K. to leave message with detailed information | <input type="checkbox"/> O.K. to leave message with detailed information |
| <input type="checkbox"/> Leave message with call-back number only        | <input type="checkbox"/> Leave message with call-back number only        |
| <input type="checkbox"/> Other _____                                     |  |

**Written Communication:**

- |   |   |
|---|---|
| <input type="checkbox"/> O.K. to mail to my home address        | <input type="checkbox"/> O.K. to fax to this number _____ |
| <input type="checkbox"/> O.K. to mail to my work/office address | <input type="checkbox"/> Other _____                      |

I permit the Practice to discuss my PHI with, and to disclose my PHI to, the following individuals:

- Spouse \_\_\_\_\_
- Adult child(ren) \_\_\_\_\_
- My parent(s) \_\_\_\_\_
- Personal representative \_\_\_\_\_

If checked, the following additional instructions apply:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

If signed by patient's authorized representative, describe the representative's authority:

- Patient is a minor; I am the patient's parent and natural guardian
- Patient is a minor; I am the patient's guardian, appointed by the \_\_\_\_\_ County Juvenile Court.
- Patient is a ward; I am the patient's guardian, appointed by the \_\_\_\_\_ County Probate Court.
- The patient is deceased. I am the patient's surviving spouse.
- The patient is deceased. I am the executor or administrator of the patient's estate, appointed by the \_\_\_\_\_ County Probate Court.
- I am the patient's attorney in fact, as designated in the patient's Durable Power of Attorney for Health Care.
- Other (describe) \_\_\_\_\_