Community Health & Emergency Services Inc.

CAIRO*734-4400*TAMMS 747-2391*HARDIN COUNTY 285-6191*POPE COUNTY 683-3781*CARBONDALE 457-7821*HARRISBURG 253-8450

PATIENT CONTACT PERMISSION FORM

_____ _____
(DATE) (CHART #)

HIPAA INFORMATION: Please check all that apply

List all phone numbers where you would like to be contacted:

_____ _____
(AREA) (PREFIX) (NUMBER) (AREA) (PREFIX) (NUMBER)

_____ _____
(AREA) (PREFIX) (NUMBER) (AREA) (PREFIX) (NUMBER)

_____ _____
(AREA) (PREFIX) (NUMBER) (AREA) (PREFIX) (NUMBER)

Community Health & Emergency Services, Inc. may:

- Leave message at your home? YES ☐ NO ☐
- Leave message at your place of work? YES ☐ NO ☐
- Leave message at school? YES ☐ NO ☐
- Leave a message on a listed cell? YES ☐ NO ☐

May we discuss your medical condition with any member of your household, family, relative or close personal friend? YES ☐ NO ☐

If yes, whom _____

_____
(RELATIONSHIP TO PATIENT)

_____
(TELEPHONE)

Addional HIPAA comments:

_____

_____

Alternate Statement Address

1) _____ _____ _____
(ADDRESS) (CITY) (ZIP)

2) _____ _____ _____
(ADDRESS) (CITY) (ZIP)

_____
(PATIENT'S NAME)

_____
(PATIENT OF AUTHORIZED REPRESENTATIVE (IF APPLICABLE)

_____
(PATIENT'S SIGNATURE)

**********OFFICE USE ONLY**********

☐ PATIENT REFUSED A COPY OF SIGNED FORM INITIALS _____