

Alternative Communications Request Form
(alternative ways to communicate with Mercy Clinic patients)

Patient Name _____

Complete those that apply:

I give permission to be contacted at any of the following phone numbers regarding messages or results for myself or my minor children:

- home _____
- work _____
- cell _____
- fax _____
- other (please specify) _____

I give permission to (please mark all that apply):

- Leave message/result on answering machine
(messages will not be left on an unidentified answering machine)
- Leave message/result with a family member
Please specify family member _____
Relationship _____
Phone number of family member if not living with you _____

I give permission for the following person(s) to discuss my health information:

This form of communication will be used as the standard form of communication until I revoke this in writing.

Patient name _____ Date of Birth _____

Patient/Guardian Signature _____

Date signed _____ Staff initials _____

Date Updated _____

