



### COMMUNICATIONS CONSENT FORM

In order to electronically communicate to you or anyone you designate, we are required to have your written permission. I further agree that this authorization shall be valid and effective unless it is revoked by me in writing and that a photocopy of this authorization may serve as an original. In accordance with Louisiana Revised Statute 40:1299:96 (revised house bill No 452/session 2007)

As a service to our clients, we provide a courtesy appointment reminder call and possibly other important calls that may be placed using a prerecorded message. By providing your phone number, you consent to receiving such calls at this number.

**I authorize SMH Physicians Network or a third party such as a collection agency to leave a message on my**

Answering Machine/Voice Mail  Cell Phone  Home Phone  Work Phone

We can also contact you through SMH Physicians Network Patient Portal. By providing your email address, you can register and begin communication immediately.

**Email address is:** \_\_\_\_\_

**Preferred method of contact:**  Patient Portal  Phone (Cell/Home/Work)

I authorize SMH Physicians Network or a member of its staff to discuss **my health condition**, plan of treatment, medical bills or other health information from my medical record with the individual (s) listed below.

**Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

I authorize the individual (s) below to **pick up medical records or prescriptions** on my behalf in which they will need to show a valid Driver's License before information is released.

**Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

If a minor, list any individual (s) who may accompany your child for a regular, routine office visit.  
**Note:** Parents must accompany their child on the initial new patient visit.

**Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Patients Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Patient/Parent/Guardian **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_