Permission to Communicate Health Information and Use Alternative Communication Methods

Permission to Communicate:
I acknowledge that by signing this form, I give UConn Health permission to communicate about my care (including my protected health information (PHI)), with the family member, friend, or other individual named below.

UConn Health may discuss my care, including my PHI, with:

Name: ________________________________________________________________
Relationship to you: ________________________________________________
Phone number (mobile preferred): ______________________________________

Request to Use Alternative Methods of Communication:
I may also use this form to give UConn Health permission to communicate with me and the person named above using alternative methods of communication (voicemail, email, text).

UConn Health may use the following when communicating with me and the person named above (check all that apply):

Email
☐ with me, using email address: __________________________________________
☐ with person named above, using email address: ____________________________

Text
☐ with me, using the number: __________________________________________
☐ with the person named above, using the number: __________________________

Voicemail
☐ with me, using the number: __________________________________________
☐ with the person named above, using the number: __________________________

I acknowledge that email and text messaging are not completely secure means of communication. I also acknowledge that detailed voice messages allow clinicians to provide important medical information to me in a timely manner, but if the voicemail system is shared, this information may be heard by others.

Printed Name________________________________________
Signature __________________________________________ Date__________ Time__________