

PATIENT PREFERRED
COMMUNICATION
CONSENT



MARTIN'S POINT®
HEALTHCARE

By filling out and signing this consent form, you give permission for Martin's Point to leave messages related to your treatment plan as indicated (*checked*) below.

Please print clearly.

Patient Name: _____ **Date of Birth:** _____

There are several ways for you and your health care provider to send messages to each other:

1. MyMartinsPoint® Patient Portal—Using the patient portal is the best way to send and receive secure messages. To sign up to use the patient portal, please provide your email address below. We will contact you to help you set up a portal account.

Email address for portal communication: _____

2. Phone Message—There may be times we need to leave you a phone message related to your health, such as your most recent lab or imaging results.

I would like health care phone messages sent to me in the following way(s):

(Please note: any information related to mental health treatment, substance-use-disorder treatment or HIV infection status is protected by the State of Maine and cannot be verbally released without your written authorization.)

Check one or more boxes below:

I give permission to leave health care messages for me on my **home phone voicemail** and acknowledge that other people in my household may hear messages left on this voicemail related to my health.

(Home phone number: _____)

I give permission to leave health care messages for me on my **mobile phone voicemail.**

(Mobile phone number: _____)

I give permission to leave health care messages for me on my **work phone voicemail.**

(Work phone number: _____)

Refusal to sign this consent will not result in denial of coverage or treatment.

It is my responsibility to notify my health care provider in writing if I want to revoke this consent or to update these contact numbers as needed.

Patient Signature: _____ **Date Signed:** _____