GAMA
Gynecology Aesthetic Medical Associates
SPECIALIZING IN WOMEN'S HEALTH

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PERMISSION TO CONTACT OR LEAVE MESSAGE

With the enactment of the Health Insurance Portability and Accountability Act of 1996, GAMA, P.C., Inc. recognizes that a patient has the right to have his or her health information kept private and secure.

As part of GAMA, P.C., Inc. Quality Assurance Plan, we may find it necessary, at times, to call you or leave a message for you to call us.

_____ I grant permission for GAMA, P.C., Inc. to contact me regarding information that they might need for my care. <u>They may leave a message with a person at my home or leave a message on a recorder.</u>

_____ Yes, you may call, but speak only with me. <u>DO NOT LEAVE A MESSAGE.</u>

_____I prefer that you contact me only at this number:

Home: _____

Work: _____

Cell: _____

Other: _____

We are currently looking at different ways of communicating with our patients. At the present time these include text messages and emails for the purposes of health promotion and appointment reminders.

May we send you reminders via text message? Yes No Cell Phone:_____

May we communicate with you via email? Yes No Email Address:_____

_____ _____
Patient Name (Printed) **Date**

_____ _____
Patient (Signature) **Date**

_____ _____
Witness (GAMA, P.C., Inc.) **Date**