

Children's Heart Center of Central Oregon

Patient Contact/Communication Information

Patient's name: _____ **Today's Date:** _____

Mother's name: _____

Home phone number: _____

OK to leave a message: Yes No

Other phone number: _____

OK to leave a message: Yes No

Father's name: _____

Home phone number: _____

OK to leave a message: Yes No

Other phone number: _____

OK to leave a message: Yes No

Other contact(s) that we may communicate with:

Name	Relationship	Phone number	OK to leave message?

I prefer not to communicate by e-mail

I request communication with my health care team by e-mail. I understand that discussing medical information through e-mail is not a safe and confidential means of communication. I understand that communicating through e-mail is not HIPAA compliant and that my medical information is not protected.

e-mail address (enter only if applicable): _____

Patient/Guardian signature: _____

Printed Name: _____ Date: _____