



235 Plain Street
Providence, RI
Ph: (401) 421-1710
Fax: (401) 861-2164

PATIENT CONFIDENTIALITY FORM

1. Can we call your home number to:

- | | | |
|-------------------------|-----|----|
| a. Confirm appointments | Yes | No |
| b. Change appointments | Yes | No |

2. Can we call your cell number to change appointments?

Yes No

3. Can we send text messages to your cell phone to confirm appointments?

Yes No

4. Can we leave messages on your answering machine re:

- | | | |
|--------------------------------|-----|----|
| a. Appointment confirmation | Yes | No |
| b. Appointment cancellation | Yes | No |
| c. Test results | Yes | No |
| d. Just to say call the office | Yes | No |

5. Can we leave messages with anyone else besides you?

a. If so whom:

6. Can we call you at your work number?

- | | | |
|--|-----|----|
| a. Leave messages on work voice mail? | Yes | No |
| b. Leave messages with co-workers to have you call us? | Yes | No |

Patient Signature: _____ D.O.B. _____

Print Name: _____ Date: _____