Communication Agreement

Gabrielle Family Vision Care 11411 NE 124th St., Bldg A, Ste 118 Kirkland, WA 98034 Ph 425.820.2143 Fax 425.820.2006 www.gabriellevision.com clinic@gabriellevision.com

Neena Gabrielle, O.D., FCOVD

Patient Name (LAST, First)

Patient's DOB (Month/Day/Year)

Gabrielle Family Vision Care may need to be in contact to discuss the patient's health, to review results of testing, or to coordinate specifics of care. Please review and answer a few questions regarding the preferences for this communication. This is for the patient's and family's convenience so that we can contact them effectively. Please note we will use the contact information given on the patient's registration form so please make sure all information is easy to read.

1. May we leave messages regarding	the patient's health information on voice mail at HOME ?		Yes 🗖	No 🗖
2. May we leave messages regarding	the patient's health information on voice mail at WORK ?		Yes 🗖	No 🗖
3. May we leave messages regarding	the patient's health information on voice mail with CELL PHON	<u>E</u> ?	Yes 🗖	No 🗖
4. Many patients prefer email to con	nmunicate appointment changes, results of exams and testing,	reminders, dis	scussions	
of health, specifics of care, etc. May	we EMAIL?			
l ·			Yes 🗖	No 🗖
5. With whom may we discuss the pa	itient's detailed health information?			
(i.e.: Family members such as Spouse	e, Grandparents, Siblings, etc. / Other Health Care Providers)			
other party. I understand tha information. I also understand th	quest for my convenience, without coercion or pressure left this request may result in someone other than myself that this agreement will be in place until I personally request form to update contact numl	learning of ruest in writir	ny personal ng that it be	health cancelled.
other party. I understand tha information. I also understand th I will be responsible for	nt this request may result in someone other than myself hat this agreement will be in place until I personally requ	learning of ruest in writin	ny personal ng that it be	health cancelled.
other party. I understand tha information. I also understand the I will be responsible for Signature of Patient or	nt this request may result in someone other than myself hat this agreement will be in place until I personally requ	learning of ruest in writing bers should	ny personal ng that it be they change	health cancelled.
other party. I understand tha information. I also understand th I will be responsible for	nt this request may result in someone other than myself that this agreement will be in place until I personally request completing a new request form to update contact number	learning of ruest in writin	ny personal ng that it be	health cancelled.
other party. I understand tha information. I also understand the I will be responsible for Signature of Patient or	nt this request may result in someone other than myself that this agreement will be in place until I personally request completing a new request form to update contact number	learning of ruest in writing bers should	ny personal ng that it be they change	health cancelled.
other party. I understand tha information. I also understand the I will be responsible for Signature of Patient or	nt this request may result in someone other than myself that this agreement will be in place until I personally request completing a new request form to update contact number	learning of ruest in writing bers should	ny personal ng that it be they change	health cancelled.
other party. I understand tha information. I also understand the I will be responsible for Signature of Patient or	nt this request may result in someone other than myself that this agreement will be in place until I personally request completing a new request form to update contact number	learning of ruest in writing bers should	ny personal ng that it be they change	health cancelled.
other party. I understand tha information. I also understand the I will be responsible for Signature of Patient or	nt this request may result in someone other than myself that this agreement will be in place until I personally request completing a new request form to update contact number	learning of ruest in writing bers should	ny personal ng that it be they change	health cancelled.
other party. I understand tha information. I also understand the I will be responsible for Signature of Patient or	nt this request may result in someone other than myself that this agreement will be in place until I personally request completing a new request form to update contact number	learning of ruest in writing bers should	ny personal ng that it be they change	health cancelled.
other party. I understand tha information. I also understand the I will be responsible for Signature of Patient or	nt this request may result in someone other than myself that this agreement will be in place until I personally request completing a new request form to update contact number	learning of ruest in writing bers should	ny personal ng that it be they change	health cancelled.