



RMA Medical Information Communication Preferences

Patient Name: _____ DOB: _____

In order to ensure the best possible treatment outcomes at RMA Northern California, we may need to contact you on a daily basis with test results and daily medication instructions. Our standard is to contact you via your cell phone number and to leave messages at that number if we do not reach you directly. If you do not want us to do this, you will need to provide us with alternative phone numbers where we can reach you. Since the timing of phone call will vary from day to day, it is important that we have the ability to leave a voice mail with instructions. Please note that an "appointment reminder" is not classified as medical information.

PLEASE INDICATE YOUR COMMUNICATION PREFERENCES BELOW:

I give permission to **leave medical information** pertaining to **me**, at the numbers listed below:

Phone number in order of preference	Ok to leave a message?	Ok to send text message?
1.		
2.		
3.		

.....

I understand that when seeking reproductive treatment as part of a couple, care involves the medical information of both patient and partner. Therefore, as part of my/our treatment at RMA of Northern California, I understand and consent to my medical information being shared with my partner (if applicable) as part of the joint process required to build our family. **Initials:** _____

To ensure your privacy, please indicate below names of other individuals we may speak to regarding your care. In some cases, you may wish for another person to have access to your medical information.

I give **permission to release medical information** pertaining to **me** to the individuals listed below:

Full name	Relationship (sibling, parent, translator, etc.)	Area code, phone number & extension
1.		
2.		
3.		

I will assume the responsibility of informing the practice of any changes to my phone number(s), my communication preferences, or my wish to revoke any portion of this medical information communication form at any time.

Signature of Patient or Patient's Legal Representative

Date