

Patient Communication Preferences

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

We value your privacy and want to ensure that your preferences regarding the communication of confidential health information are respected. Please provide us with your preferences by completing the sections below.

Preferred Communication Methods:

Please select your preferred methods of communication:

- Phone - Yes No
- Email - Yes No
- Text Message - Yes No
- Mail - Yes No

Preferred Time for Communication:

Please indicate your preferred times for communication:

- Morning:
- Afternoon:
- Evening:

Additional Notes:

Please let us know if there are any other preferences or specific instructions regarding your communication:

Signature:

Thank you for helping us serve you better.

Sincerely,

[Your Organization Name]

[Your Contact Information]