

# Patient Communication Preferences for Emergency Contact Updates

Date: [Insert Date]

To Whom It May Concern,

I, [Patient Name], am writing to provide my communication preferences regarding emergency contact updates. Please find my preferences listed below:

## Emergency Contact Information

Primary Contact Name: [Contact Name]

Relationship: [Relationship]

Phone Number: [Phone Number]

## Preferred Communication Methods

- Email: [Preferred Email]
- Phone Call: [Yes/No]
- Text Message: [Yes/No]

Please ensure that my preferences are updated in your records. I appreciate your attention to this matter and look forward to your confirmation of these updates.

Sincerely,

[Patient Name]

[Patient Signature]

[Patient ID or Date of Birth]