

Patient Communication Preferences

Dear [Patient's Name],

We are committed to providing you with the best possible care through our telehealth services. To ensure effective communication, we would like to understand your preferences regarding how you would like to receive information and communicate with our team.

Please indicate your preferences below:

- Preferred method of contact:
 - Phone
 - Email
 - Text Message
- Best time to contact you:
 - Morning
 - Afternoon
 - Evening
- Do you require assistance with technology?
 - Yes
 - No

Please feel free to share any additional comments or requirements regarding your communication preferences:

Thank you for your cooperation.

Sincerely,
[Your Name]
[Your Title]
[Healthcare Provider's Name]