



## Patient Communication and Contact Agreement

Dear Patient,

In order to provide you with quality care, it is important for our Certified Practitioner and Administrative Team to communicate with you or a designated contact. By signing this document, you are giving Premier Prosthetics permission to contact you or the designated contact directly to discuss your personal health information and/or billing information.

*Examples of a designated contact include spouse, children, blood relatives, roommates, boyfriend/girlfriend, domestic partner, neighbor, and colleagues.*

**Please take a few moments to complete this section.**

*I, the patient, give Premier Prosthetics permission to contact myself and/or designated contacts to discuss my current prosthetic need and treatment plan.*

The following contacts are involved in my personal care and **can be contacted**:

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____

The following contacts **should not be contacted** with regards to my personal care:

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____

*I, the patient, give permission to Premier Prosthetics to contact and leave messages on:*

My personal home phone YES ☐ NO ☐

My personal cell phone YES ☐ NO ☐

My place of employment YES ☐ NO ☐

My personal email account YES ☐ NO ☐

Patient Name: \_\_\_\_\_ (must be printed legibly per compliance)

Patient Signature: \_\_\_\_\_ (must be signed legibly per compliance)

Date: \_\_\_\_\_

*In the event that the patient is unable to pen their name legibly, a designated contact or third party without a financial relationship with Premier Prosthetics can sign and date this form.*