Form # PCC-1228-FFE
Orig 04/03 Rev 11/12

ACMH HOSPITAL
One Nolte Drive
Kittanning, PA 16201

Patient Instructions Regarding PHI for ACMH Clinics

Communication Preferences

Patient ID

To ensure proper and timely handling of your test results which have been ordered by your health provider, please complete the following:

Home Address:	_____ _____ _____
Home Phone#: _____	Cell Phone #: _____
Work Phone #: _____	Alternate #: _____

I authorize my physician, physician group or staff member employed by the practice to release any and all medical test results or other medical information relating to my treatment to: **(initial all choices that apply)**

Patient Initials	MEANS OF COMMUNICATION
	May leave a message at work to call the physician office.
	May leave a message on any (home or work) answering machine/voice mail to call the physician/service office.
	May leave a message on the home answering machine regarding the test result/treatment.
	May leave a message with a family member for me to call the physician office.
	May give test results/instructions to: _____ Name of Individual: _____ _____ _____ Relationship to you: _____ _____ _____
	May only release test results to the patient.
	Other patient specific communication instruction: May send text message confirming scheduled appointment.

I understand this information used and these instructions will be in effect unless changed or revoked by me either in writing or by completing a new instruction form.

_____ Date

_____ Patient (legal representative) Signature