

' Special Care For Women'

Dr. Braden Richmond, MD

To ensure the best communication between our patients and our office, please let us know how you would like to be contacted for appointment reminders, messages from the office, and test results. Also we find that phone numbers change frequently-please ensure that we have your correct address and phone number, and provide any and all phone numbers that may be used to contact you. Thank you!
*****WE MUST have at least 3 phone number contacts. These can include relatives or friends. You may put a number by these to rank your preference if you desire. Thank you!*****

CELL PHONE:_____

HOME/ALTERNATE PHONE:_____

WORK PHONE :_____

OTHER:_____

Will it be fine to leave a message if there is no answer?_____
(Y/N)

We also ENCOURAGE you to provide an email address, even if it is not your preferred contact method. This can be used for contract purposes, yearly reminders, and practice updates. This information is **NOT** shared, and is **ONLY** for the purpose of contacting you, by our office, **ONLY**.

EMAIL ADDRESS:_____

PERSONAL INFORMATION

You have my permission to release my medical information to the following people:

_____ Relationship:_____

_____ Relationship:_____

_____ Relationship:_____

Name

I acknowledge by signing below that I have received the NOTICE OF PRIVACY PRACTICES AND NOTICE OF INDIVIDUAL RIGHTS, and that ALL of the ABOVE is accurate and true.

Patient or Patient Representative's Signature

Date