Palmetto Tri-County Primary Care

201-A West Meeting Street

Lancaster, SC 29720

Phone: 803-286-4666

Fax 803-285-1585

Request for Confidential Communication of Protected Health Information

It is frequently necessary for personnel at this practice to communicate lab results, radiology reports, instructions, information about treatment and other items of Protected Health Information with our patients. It is frequently not possible to speak personally or face to face with the patient. In the event that our staff is not able to speak with you (the patient) directly, please give us instructions about communicating with you.

1. Messages may be left at my:
   a. Home Answering Device.....Number_____
   b. Work Voicemail .....Number_____
   c. Cell Phone Voicemail .....Number_____
   d. Secure Email .....Email_____

My home answering device does not identify me by name, but it is appropriate to leave messages for me there.

Circle yes or no

2. Prescriptions, drug samples, written and verbal instructions for treatment or other messages and items of Protected Health Information may be given to:

Name	Relationship	Phone Number

I hereby release, discharge and agree to hold harmless all to whom this consent is given from any liability that may arise from the release of information authorized above. I understand that I may revoke this consent in writing at any time. This consent is valid for one year from the date of signature, unless otherwise revoked in writing.

X_____ X_____

Signature of Patient/Parent/Guardian DATE/TIME

X_____ X_____

Name of Signer PRINTED DATE/TIME WITNESS DATE/TIME