

## CONSENT TO COMMUNICATION

By checking this box, I am revoking all previous Consent to Communication forms.

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

### Section 1: Methods to Communicate with Me

Detailed information regarding my medical condition and medical treatment may be left on or sent via:

	Yes	No	N/A
Home Phone Voicemail			
Cell Phone Voicemail			
Text Messages (message and data rates may apply)			
Work Voicemail			
Email			
Other electronic communications (e.g., web- or mobile-based applications, internet-connected digital devices)			

### Telephone, E-Mail, and Other Electronic Communications:

I consent to Nexus Family and Maternity Care (Nexus) using my telephone numbers (including cell phone/wireless numbers), email addresses, and other electronic communications I provide to Nexus for appointment, referral, treatment, billing, debt collection, and other purposes related to my care. This includes automated calls, pre-recorded/artificial voice messages, and all other calls, text messages, emails, and all other calls, text messages, emails, and other electronic communications. If I discontinue use of any phone number provided, I shall promptly notify Nexus and will hold Nexus harmless from any expenses or other loss arising from any failure to notify. I understand that standard text messages, unencrypted emails, and other electronic communications that I send and receive from Nexus may flow through networks that are not secure and may be at risk of exposure of my health information (for example, the message could be intercepted and viewed by an unauthorized third party). In addition, once the text, email, or other electronic communication is received by me, someone may be able to access my phone, applications, digital devices, or email accounts and read the message. I understand that it is my responsibility to make sure that only authorized people are allowed access to my email, text messages, cell phone, and other digital devices. I understand these risks and give permission to Nexus to communicate with me as indicated above.

### Section 2: Communication with Others

In addition to those individuals listed below, Nexus may communicate with your family members, friends, or other individuals it determines in its professional judgment are involved in your care or payment and communicating with such individuals would be in your best interest. By listing someone below, it does not allow that individual any authority over any treatment or care decisions. I give my permission to Nexus to communicate information regarding my care to the person(s) listed below. (If the patient is a minor, information will be given to both parents unless deemed inappropriate pursuant to federal/state law or a court order.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

I understand that it is my responsibility to update the above information if I want it changed. I understand that I may revoke this consent if I so choose. I can revoke this consent by either completing a new Consent to Communicate Form and indicating my revocation on the form, or by notifying Nexus in writing of my revocation.

Signature of Patient or Legal Guardian: \_\_\_\_\_

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

Relationship (if not patient): \_\_\_\_\_