



# Gastroenterology Consultants, P.C.

Specialists in Digestive and Liver Diseases

Alan M. Fixelle, M.D., F.A.C.G.

## Patient Agreement for Communications

I \_\_\_\_\_ understand that as part of my health care Gastroenterology Consultants, P.C. will need to contact me from time to time for the purposes of reminding me of an appointment, relaying the results of a test, advising me of special precautions and measures that I need to follow prior to a procedure, to follow-up after a procedure, etc. I hereby authorize Gastroenterology Consultants, P.C. to contact me in the following ways:

_____ Home Phone (voice mail)	Number: _____
_____ Office Phone (voice mail)	Number: _____
_____ Cell Phone (voice mail)	Number: _____
_____ Fax	Number: _____
_____ Cell Phone (Text)	Number: _____
_____ Cell Phone (Email)	Email address: _____

I authorize Gastroenterology Consultants, P.C. to speak with the following person/s and release information on my behalf:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Gastroenterology Consultants, P.C. will convey the minimum necessary information needed when they communicate with me indirectly. I understand that I can revoke or amend this agreement at any time. Any revocation or change will not apply to communications already completed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Patient or Authorized Party

\_\_\_\_\_  
Relationship to Patient