7275 Glen Forest Drive
Suite 208
Richmond, VA 23226
804-282-0022

RICHMOND Hearing Doctors
Recognized hearing experts since 1999

13925 Coalfield Commons Place
Suite 101
Midlothian, VA 23114
804-818-0000

Patient Communication Consent Form

I, _____, am:
(print name)

(Please check one)

_____ a) a patient of Richmond Hearing Doctors

_____ b) the legal representative of a patient, _____
(print patient name)

I agree to allow Richmond Hearing Doctors to contact me by the following methods regarding my treatment and services. I authorize Richmond Hearing Doctors to leave messages for me when I am unavailable as indicated below. I understand messages may contain confidential information.

Method	**Phone Number or email address**	**Messages? (circle one)**
Home Phone	_____	Yes or No
Cell Phone	_____	Yes or No
Text message*	_____	Yes or No
Email	_____	Yes or No

*** Do you want to receive appointment reminders by text message?** Yes or No

I authorize Richmond Hearing Doctors staff to release information pertaining to my treatment and services to the individuals listed below.

Name	**Relationship to patient**	**Phone number**

I assume responsibility to inform the practice of changes to my contact information or my preferences or to revoke this specific communication consent at any time.

_____ _____
(Patient/Legal Representative Signature) (Date)