



Naugatuck Valley Cardiovascular Associates

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Communicating with You

It is frequently necessary for us to communicate lab results, instructions, respond to messages you have left, information about treatment, prescriptions, payment and other items of protected health information (PHI) with our patients. In the event that we cannot speak with you (the patient) directly, please give us instructions about communicating with you.

Please check all the boxes that you give Naugatuck Valley Cardiovascular Associates (NVCA) permission to use for your communications:

- ☐ You may contact me on my home phone. Phone # _____
- ☐ You may contact me on my cell phone. Phone # _____
- ☐ You may send me a text message on my cell phone.
- ☐ You may contact me on my work phone. Phone # _____
- ☐ You may leave me a voice mail on my work phone.
- ☐ You may contact me through Email. Email Address: _____

If you give permission for us to communicate with anyone else, please complete the list below:

Name/Phone Number	Relationship	Options (please check boxes)
1. _____	_____	☐ Billing ☐ Appointment information ☐ Medical/Health Information
2. _____	_____	☐ Billing ☐ Appointment information ☐ Medical/Health Information

This request supersedes any prior request for communication that I may have. This request may be changed or revoked at any time.

Patient/Guardian Name

Date