

Monterey County Health Department



Communications Preferences

Please provide the following information:

Name: _____ Date of Birth: _____

I want the Monterey County Health Department to communicate with me in the following ways
(*check as many as you wish*):

Telemedicine - I understand that some clinical services can be done by telemedicine providers (providers that can see patients using the computer screen to "see" the patient, rather than seeing patients "in person.") If that service is available, I would be interested in receiving telemedicine care.

Mail - please use this mailing address, and use US mail to send me letters:

Phone - please use my personal phone number: _____

Messages about my care can be left at this number.

Work Phone - Please use my work phone number: _____

Messages about my care can be left at this number.

Cell Phone - Please use my cell phone number: _____

Messages about my care can be left at this number.

Text messages - Please send me text messages at the number above about me.

The type of information that can be texted:

Reminders about appointments, referrals, lab work, and or prescriptions

General messages about my Health Conditions

Any other information that isn't listed above:

Please specify who at Monterey County Health Department (MCHD) with whom you wish to communicate via text by name or exact title/position within MCHD, (e.g. "Mary Smith, LCSW" or "my case manager"): _____

Email messages (if you would like to communicate using email, please indicate the email address you wish to use: _____)

The type of information that can be emailed:

Reminders about appointments, referrals, lab work, and or prescriptions

General messages about my Health Conditions

Any other information that isn't listed above:

Please specify who at Monterey County Health Department (MCHD) with whom you wish to communicate via email by name or exact title/position within MCHD, (e.g. "Mary Smith, LCSW" or "my case manager"): _____

Security: Check one of the boxes below and provide the answer so we can identify you in your text text/email.

My favorite color: _____

My pet's name: _____

My favorite food: _____

My favorite teacher: _____

Confidentiality: Please read each of the following statements and acknowledge your understanding by your initials in the blank space provided:

_____ I have been offered a copy of "Texting and Emailing your Information", have read it and understand it.

_____ I understand that text and/or email messages about me and my care may be forwarded to other health care providers, including providers that don't work for MCHD, for purpose of providing medical care.

_____ I understand and acknowledge that text/email messages are not as secure as talking over the phone or letters sent in the US mail or other delivery methods.

_____ I understand and acknowledge that despite the precautions taken by the MCHD to protect my privacy, there is no assurance of confidentiality when information is communicated via text/email.

Signature of Patient or Patient Representative

Date

If signed by a Patient Representative, please state your relationship to patient.

MCHD Clinic or Program: