

Memphis Obstetrics & Gynecological Association, P.C.
MOGA | MCW | WPG | WHS
Privacy Management - Protected Health Information & Communications

Protected Health Information:

I hereby authorize release of my protected health information (PHI), including account status, test results, scheduled appointments, and information regarding my treatment, to persons I have listed below. Any person who is not listed will not be able to obtain protected health information. It is not necessary to list other treating physicians or insurance companies. This authorization will remain in effect until revoked by the patient.

Name of authorized person	Relationship	Phone number
1.		
2.		
3.		
4.		
5.		

Patient Communications /Automated Messages:

Our practice utilizes an electronic medical records system with an integrated Patient Portal which allows patients, providers & practice staff to communicate more securely and efficiently.

Please indicate your automated messaging preference(s), one you will be sure to see, for each of the following items:

Health Notifications: When Lab results and health reminders are available on the Patient Portal you will be notified via the method you choose. Which notification method do you prefer?

- Email Phone Text message

Appointment Reminders: Reminders about scheduled appointments and/or appointments needing to be scheduled.

- Email Phone Text message

Announcements: Notifies you of an appointment cancellation/reschedule, office closure or delayed opening and other important office announcements.

- Email Phone Text message

Billing: Notification of new Billing Statements & outstanding balances. Statements and outstanding balances can be viewed and paid on the Patient Portal at any time.

- Email Phone Text message

These notification preferences only apply to **automated messages** from our office. Our office may still contact you via phone if an urgent matter requires your attention.

Patient Signature: _____ Date: _____

Printed Name: _____