



161 Marginal Way
Portland, ME 04101
(P) 207-773-7964
(F) 207-773-9073

Patient Communication Form

Patient's Legal Name: _____ **Date of Birth:** _____
First MI Last

Mailing Address: _____
City State Zip Code

E-mail Address: _____

By providing my email address, I understand I will be enrolled into Portland Gastroenterology Center's patient portal.
Check this box if you do NOT want to be enrolled in the patient portal.

Primary Coverage

Insurance Name: _____ Subscriber ID: _____ Group #: _____

Secondary Coverage

Insurance Name: _____ Subscriber ID: _____ Group #: _____

Primary Care Provider: _____

Phone Contacts:

Circle One

Circle One

(____) _____
Home Cell Work

Okay to leave message? Yes / No

**Extended Message? Yes / No

(____) _____
Home Cell Work

Okay to leave message? Yes / No

**Extended Message? Yes / No

**Extended messages may contain medical and/or prescription information.

Emergency Contact Name: _____ **Relationship:** _____

Emergency Telephone: Cell (____) _____ Home (____) _____ Work (____) _____

Select One:

- I do not want any information about my healthcare communicated to family members/caregivers.
- I give Portland Gastroenterology Center permission to verbally communicate to family members/caregivers listed below.

Name (first and last): _____ **Name (first and last):** _____

Please check the box(s) next to the specific information that may be **verbally** communicated to the individual(s) listed above:

Protected Health Information (PHI) Prescription Request Request/Confirm/Cancel Appointments

This authorization will be updated every 12 months. I have the right to revoke this authorization in writing at any time. Revocation will not cover information released prior to that date. If I want to grant permission to Portland Gastroenterology Center to discuss including AIDS/HIV, Alcohol and/or Drug Abuse, or Mental Health with anyone besides myself, I understand that I will need to complete a separate Release of Information form.

Patient/Parent/Legal Guardian Signature

Date