



235 Plain Street
Providence, RI
Ph: (401) 421-1710
Fax: (401) 861-2164

PATIENT CONFIDENTIALITY FORM

1. Can we call your home number to:
 - a. Confirm appointments Yes No
 - b. Change appointments Yes No

2. Can we call your cell number to:
 - a. Confirm appointments Yes No
 - b. Change appointments Yes No

3. Can we leave messages on your answering machine re:
 - a. Appointment confirmation Yes No
 - b. Appointment cancellation Yes No
 - c. Test results Yes No
 - d. Just to say call the office Yes No

4. Can we leave messages with anyone else besides yourself?
 - a. If so whom:

5. Can we call you at your work number?
 - a. Leave messages on work voice mail? Yes No
 - b. Leave messages with co-workers to have you call us? Yes No

Patient Signature: _____ D.O.B. _____

Print Name: _____ Date: _____