

**Yale University**  
**Designation of Contact Information**

**Use of email, text messaging, voice mail**

Email and text messaging allows health care providers to exchange information efficiently for the benefit of our patients. At the same time, we recognize that email and text messaging are not a completely secure means of communication because these messages can be addressed to the wrong person or accessed improperly while in storage or during transmission. Similarly, detailed voice mail messages allow clinicians to provide test results, medical and referral information to you in a timely manner but if the voice mail system is shared, the information could be heard by others.

We recommend that our patients sign up for our patient portal, MyChart, which allows secure communication with your caregiver team.

If you would like us to send you email and/or text messages or leave detailed voice mails that contains your health information, please check the appropriate boxes and sign this Consent below. You are not required to authorize the use of email, voice mail and/or text messaging and a decision not to sign this authorization will not affect your health care in any way. If you prefer not to authorize the use of email, voice mail and/or text messaging we will continue to use U.S. Mail or telephone to communicate with you.

I authorize the use of the following communication methods when communicating with me and my authorized individual (check all that apply):

- E-mail address that may be used to send information to YOU: \_\_\_\_\_
- Phone number of text messages to YOU: \_\_\_\_\_
- Phone number for detailed voice mail to YOU: \_\_\_\_\_
- E-mail address that may be used to send information to your PATIENT SPOKESPERSON:  
\_\_\_\_\_
- Phone number that may be used to text messages to your PATIENT SPOKESPERSON: \_\_\_\_\_
- Phone number for detailed voice mail to your PATIENT SPOKESPERSON: \_\_\_\_\_

**Signature of Patient/Personal Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Personal Representative:** \_\_\_\_\_ **Relationship to Patient** \_\_\_\_\_

**\*YOU MAY REFUSE TO SIGN THIS FORM\***