## Saint Luke's Health System



## **Protected Health Information – Communication Preferences**

Please communicate preferences about my hea	ilth care with me in the fol	llowing manner: (Check all that apply.)	
<ul><li>☐ My home telephone number is:</li><li>☐ Ok to leave a message with det</li><li>☐ Ok to leave a message with call</li></ul>	ailed information I-back information only		
<ul><li>☐ My work telephone number is:</li><li>☐ Ok to leave a message with det</li><li>☐ Ok to leave a message with call</li></ul>	ailed information		
<ul><li>☐ My cellular telephone number is:</li><li>☐ Ok to leave a message with det</li><li>☐ Ok to leave a message with call</li></ul>			
☐ Written communication			
Ok to mail to my home address:	:		
Ok to mail to my work/office:			
☐ MySaintLuke's patient portal			
Check applicable box:  I was offered and made available, but I am el  I acknowledge receiving a copy of SLHS Not  You may discuss detailed information about my	tice of Privacy Practices.		
Name of individual 1 2	Telephone number	Relationship to patient	
Patient name:	Birthdate:	Patient Account #:	
You will be asked to review and update your prepermission for the individuals indicated above at preferences applies to all providers and facilities.  Note: These preferences do not apply to behavior	t any time by contacting y s within Saint Luke's Heal	your Saint Luke's provider. Your communica	
		/	
Signature of patient or personal representative*		Date Time	
*If signed by a personal representative, the followane of personal representative and description			