



It is the office policy of Palm Valley Women's Care to **not** release any information to individuals other than the patient, unless we have obtained written consent from the patient. Please read the information below very carefully. If you need assistance completing this form please do not hesitate to ask.

I authorize Palm Valley Women's Care and or their staff to leave messages regarding lab results and any medical information pertaining to my care by the following methods. I assume responsibility to notify Palm Valley Women's Care whenever this information changes.

Home Answering Machine Y/N **Cell phone voice mail** Y/N **Email** Y/N **US mail** Y/N

If you would like to have information released to someone other than yourself please complete the following:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please remember the user name and password that was created for you to access the Digi Chart Patient Portal.

Your test result(s) will be uploaded to the patient portal <https://patients.digichart.com>. If your results do not appear within 10 business days and you have not heard from us, please contact our office. As a courtesy, Palm Valley Women's Care will send patient reminders for scheduling three and six month follow up exams, as well as, annual exams. Please tell us how you would like to receive your reminder.

(Circle one) PLEASE FILL IN **ONE** OF THE FOLLOWING

Email (address) _____

Text (phone #) _____

Mail (address) _____

Emergency Contact Name _____

Phone number _____ **Relationship** _____

Patient signature _____ **Date** _____