PRIVIA HEALTH

Patient Designated Contacts

We respect your right to tell us who you want involved in your treatment or to help you with payment issues. Our secure patient portal is our primary means of patient communication, such as to share your test results. **You** have the ability to control access to your patient portal. You have the ability to control access to your patient portal. You can set this up yourself through the portal, or contact our Patient Experience team at 1-888-774-8428, Monday - Friday, 6am - 11pm ET.

There may be times when it is necessary for us to communicate with you about your healthcare or payment issues outside of the portal. If there are any individuals who are involved in your healthcare treatment, or payment for your healthcare services, please indicate below the person(s) with whom you prefer we share your information below. **Please update this information in writing promptly if your preferences change.**

Please note that in some situations, it may be necessary and appropriate for us to share your information with other individuals. This may include information about your general medical condition and diagnosis (including information about your care and treatment), billing and payment information, prescription information and scheduling appointments.

•Name:_____Telephone:_____Relationship:_____
Email:_____

•Name:_____Telephone:_____Relationship:_____
Email:_____

•Name:_____Telephone:_____Relationship:_____
Email:_____

ACKNOWLEDGMENT: I understand that HIPAA may permit my provider to share my information with other persons **not** named on this form as needed for my care or treatment or to obtain payment for services provided.

Patient Signature: _____ Date: _____
(To be signed by patient's parent or legal guardian if patient is a minor or otherwise not competent)