



Advanced
Menstrual Care Center

Control your period.
Improve your life!

Last Name

First Name

Initial

DOB

AUTHORIZATION FOR USE OF MESSAGING SYSTEMS

Advanced Menstrual Care Center LLC (AMCC) staff may be unable to contact you as needed. On these occasions, our office can leave a message on your communication devices.

Protected Health Information (PHI) that may be disclosed on your email, home, work, or cell phones may include, but is not limited to test results, prescription and pharmacy information, appointment information, our office name and phone number, or your name. Your consent is required to share any information about you or your care on any messaging device. This consent is optional and can be revoked at any time.

Please initial next to the statement that reflects your wishes.

- **YES, I AGREE** to allow Advanced Menstrual Care Center LLC physician and healthcare staff to leave messages that may include PHI on any of the above communication methods.

Initial

or

- **YES, I AGREE** to allow AMCC staff to leave messages that include PHI on the following: (Please initial next to the applicable communication devices.)

Email

Home Phone

Cell Phone

Cell Phone Text

- **NO, I DO NOT AGREE** to allow AMCC staff to leave messages on any of the above communication methods. I understand that in so doing, I will be limiting the ability of AMCC staff to communicate with me in a timely manner.

I understand that by giving my consent for messaging that I am responsible for the security of that information on those devices. I also acknowledge my responsibility to inform AMCC of any changes to my demographic, contact, insurance, and health information.

I am aware that other means of communicating with AMCC staff include by phone at 410-337-2622, the patient portal at <https://portal.praxisemr.com/OnlineAccess/>, or the AMCC website at <https://advancedmenstrualcarecenter.com/comprehensive-gyn-care>.

Signature

Date

Print Name