Communication Policy Agreement

Communication Policy

If at any time the patient provides contact information (a wireless or land line telephone number, physical address, or e-mail) at which he/she may be contacted, the patient consents to receive communication in any manner, including, but not limited to: automated e-mails, voice mails, written statements, texts, autodialed calls and pre-recorded messages, which could result in charges to the patient.

The patient understands and agree that Baptist ENT Specialists may pass on this right to their respective successors, assigns, affiliates, agents and independent contractors, including, but not limited to, services and collection agents. This contact information may be used for treatment, payment and operations.

I acknowledge that I am an authorized user of this contact information and that I have permission to use said contact information from the actual current subscriber of the information.

Furthermore, I understand that it is my responsibility to update Baptist ENT Specialists with new and updated contact information and that if I fail to update this information, I will hold Baptist ENT Specialist and said agents harmless for untimely notifications.

_____   _____   _____
Print Name   **Signature**   **Date**

Patient Portal Access

The Baptist ENT Specialists team is excited to announce joining the Baptist Enterprise patient portal, **myBaptistConnect**. By providing an email address, this electronic portal will enable patients to safely and securely access and manage personal health information online. Such information includes:

- Summary of the Office Visit and Clinical Documents
- Recorded Medical history, Medications and Allergies
- Send a secure email to your physicians and/or physician's office

Patients already enrolled in the myBaptistConnect patient portal will be able to link new information with the preexisting information documented by additional Baptist providers.

I agree to enroll in the myBaptistConnect patient portal. Email Address: _____

OR

I decline enrollment in the patient myBaptistConnect patient portal.

I have read and agree to the terms listed above.

_____   _____   _____
Print Name   **Signature**   **Date**