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Relieve Pain. Restore Function...Resume Life.

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Consent to Communicate

Information related to your health care will be maintained by Preferred Pain Management as described by our Notice of Privacy Practices (NPP). You may obtain a copy of the NPP by asking our staff to give you a copy.

Why am I filling out this form?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and North Carolina Law protect your rights regarding your health information. These laws prevent Preferred Pain Management from using or disclosing your health information in some cases unless you allow us to do so.

What does this consent do?

You can use this form to decide with whom Preferred Pain Management may share your health information with. By listing a family member, spouse, or friend's name on this form, you agree to allow that person to access information related to your health and paying for your care.

How will Preferred Pain Management use my information?

We will share your information as allowed by law to provide your care, for payment, and for our health care operations. This may include releasing your information to a close personal friend, or any other person you select when they are involved in your care. We will contact you to remind you of appointments, to inform you of lab and/or test results, and may leave you a voice message about your care. If we can't reach you due to an emergency, we will decide what information we should share with others.

Please list the name, phone number and relation of the person(s) you would like for us to share your health information with:

Name:	Number:	Relation:
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and understand this form, and have had an opportunity to ask any questions I have.

Patient Name (printed): _____ **DOB:** _____

Signature of Patient or Legal Guardian: _____

Date: _____

Signature of Witness: _____ **Date:** _____

This form does not give persons listed power of attorney rights, nor the ability to make health care decisions on the patient's behalf. This is for communication purposes only. It is the patient's responsibility to authorize scheduling changes and make health care decisions in collaboration with our providers for their plan of care.