

Please list below any persons in which you allow Michigan Gastroenterology Institute to disclose your healthcare information to other than your healthcare providers (this includes both health information and financial information):

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

As required by the government, Digestive Health Institute has created a secure patient portal to communicate with all patients. Please provide us with your email address so we can set you up to receive your medical records, request appointments, request medication refills, procedure instructions, bill payment and the ability to direct questions to our staff and providers through secure messaging.

Email address: \_\_\_\_\_

Please provide us with your secondary method of communication:

Phone Number \_\_\_\_\_

Mail Address \_\_\_\_\_

Can normal labs and appointments be left on your home answering machine or voicemail? Yes No

Can appointment reminders be left on your office voicemail at your place of employment? Yes No

If our office refers you to another specialist, may we release the necessary records to facilitate the referral? Yes No

Patient Name (print please) \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_