Metropolitan Medical Associates – Honeygo Professional Center
5009 Honeygo Center Drive Suite 216
Perry Hall, MD 21128
Telephone 410-256-5858   Fax 410-529-2431

REPORTING OF TEST RESULTS & SCHEDULING APPOINTMENTS

In order to better meet your needs, as well as maintain confidentiality, please let us know the ways that we may contact you regarding scheduled appointments, test results and other information that may be personal in nature. Please note that all options, such as e-mail, may not be currently available at the MedStar Physician Partners office that you attend.

Please complete the form below and return to your provider or medical center staff member. You will have the opportunity to change this information in the future should the need arise.

Patient Name:_________________________ Date of Birth:_____________

PLEASE CHECK ALL THE WAYS WE MAY CONTACT YOU

Home _____yes _____no Phone: ___________________
Work _____yes _____no Phone: ___________________
Cell _____yes _____no Phone: ___________________

Mail results: _____yes ☐ Return Address Envelope ☐ Plain Envelope
Do Not Mail: ______

Non-Secure E-Mail: _____ E-Mail Address: ____________________________

Leave a message with:

___________________	___________________	___________________
Name of Person	Phone Number	Relationship

Leave a message on the answering machine at: Home _____yes _____no
Work _____yes _____no
Cell Phone _____yes _____no

Other (please describe): ____
____

Signature: ___________________________ Date: ___________

☐ Patient Refuses to Sign ____________
Staff Initials

I acknowledge that I have received the MedStar Health Notice of Privacy Practices Booklet. (HIPPA PRIVACY ACT)

Signature:____________________________________ Date: __________________

☐ Obtained ☐ Patient declined due to: _________________________________