



Desai Medical Center's Communication Policy

At Desai Medical Center, we are committed to providing our patients with accessible and quality care. The goal of this communication policy is to ensure effective and secure communications between our patients and staff.

Ways you can contact us

Office Phone (410) 313-9292

- Available during office hours, Mondays – Fridays, 9am – 5pm
- Best for appointment and general inquiries

Office Mobile (410) 322-0555 (Calls only)

- Available during office hours, Mondays – Fridays, 9am – 5pm
- For emergency use only OR If you have difficulty connecting through our regular channels

Answering Service, Community Answering Service

- Available 24/7, will reach to Dr. Desai
- Answering Service will also pick up when lines are busy during normal office hours

Office eFax (410) 313-9293

- Available 24/7 to receive
- HIPAA-Secure
 - Send any type of document securely to our office
- Faxes are processed during normal office hours in the order they are received

Patient Portal, MedicsCloud Patient Portal

- Information available on the patient portal is accessible 24/7
- HIPAA-Secure electronic communications
 - Send general messages, refill requests, appointment requests, and exchange documents with our office
- Messages are processed during normal office hours
- Video conferencing available through secure patient portal
 - Patient is responsible for maintaining a HIPAA Secured Environment on their end

Email drdesai@desaimedicalcenter.com (only email address for the office)

- Available 24/7 to receive
- Not HIPAA-secure ◦ Do not email any Personal Health Information (PHI)
- Mainly for administrative communications
- Emails are processed during normal office hours by the manager

We advise you not to communicate your Personal Health Information through email, text message, or any messaging apps. We also advise you not to communicate to us through any social media platforms or apps. If you communicate to us through any of these methods, it is our office policy not to respond through these medias. As listed above, we have provided alternative and secure ways to communicate with us. We highly advise you use the secure methods as described above.

IF YOU HAVE A MEDICAL EMERGENCY, PLEASE CONTACT 911 OR GO TO THE NEAREST EMERGENCY ROOM.

By signing below, I certify that I have read Desai Medical Center's Communication Policy and any questions regarding these policies have been discussed. My signature also certifies my understanding of and agreement to comply with the above policies.

Print Name

Date

Signature

Date



Desai Medical Center's Patient Communication Form

I. PATIENT CONTACT INFORMATION

Last Name		First Name	
Middle Initial		DOB	
Home Phone	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Text-enabled		
Mobile Phone	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Text-enabled		
Work Phone			
Email			
Fax			

II. EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT #1

Last Name		First Name			
Middle Initial		DOB		Relation to Patient	
Home Phone	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Text-enabled				
Mobile Phone	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Text-enabled				
Work Phone					
Email					
Fax					

EMERGENCY CONTACT #2

Last Name		First Name			
Middle Initial		DOB		Relation to Patient	
Home Phone	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Text-enabled				
Mobile Phone	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Text-enabled				
Work Phone					
Email					
Fax					

Your signature below permits Desai Medical Center, its associated physicians and staff to share pertinent health and administrative information with the listed emergency contacts.

Signature: _____

Date: _____