



Communication/Privacy Consent Form

Patient Name _____ DOB _____

Due to new HIPPA regulations and the number of patients who have voice mail and/or answering machines on their telephones, we need some information about how to better communicate with you.

Occasionally it is necessary that we call patients regarding a surgery or appointment time change, test results, and/or billing matters.

Please answer the following questions so that we can contact you in the most efficient way possible.

May we leave a message on your answering machine at your home?	YES	NO	N/A
May we leave a message on your cell phone?	YES	NO	N/A
May we leave a message on your spouse's cell phone?	YES	NO	N/A
May we call you at work?	YES	NO	N/A
May we leave a message on your voice mail at work?	YES	NO	N/A
If we call you at home, and you are unavailable, may we leave a message with another person?	YES	NO	N/A

If you are available by pager or cell phone, list the numbers below:

Pager #: _____ Cell # _____

Please list the person or persons (including spouse, if applicable) that you authorize us to release information to, their relationship to you and their phone numbers.

Name _____ Relationship to you _____ Phone Number(s) _____

Name _____ Relationship to you _____ Phone Number(s) _____

Name _____ Relationship to you _____ Phone Number(s) _____

Name _____ Relationship to you _____ Phone Number(s) _____

Patient (or Guardian) Signature _____ Date _____