



Patient Contact Policy

In caring for you, our patients, it will become necessary or desirable to contact you at some time. When you are not available to speak with us directly, we would like to leave you a message, send an email, or fax to a personal fax machine.

In order to protect your privacy, we have developed this policy for contacting you:

- 1. We will not leave messages (other than we tried to contact you) with anyone except you, the patient.
2. We will not leave information (other than we tried to contact you) on an answering machine.
3. We will not leave messages (other than we tried to contact you) on a voice mail system.

Unless

We have your (or your legal guardian's) written permission to leave messages containing medical information for you or to contact you by phone, email or fax. Please indicate below the acceptable methods of contacting you.

I give permission by my signature, as of the date below, to the following methods of contacting me regarding specific, personal, medical information as indicated by my initials:

- Home phone answering machine: _____ Initials _____
Cell phone voice mail: _____ Initials _____
Work phone voice mail: _____ Initials _____
Personal fax machine: _____ Initials _____
Other: _____ Initials _____

Mailing Address: _____

Physical Address (if different): _____

I would also like to give permission to discuss my medical care with the following individual:

- Name (please print) _____ Relationship: _____
contact phone number _____ Initials _____

Signature of Patient or Legal Guardian

Date

Print Patient's Name

Print Name of Legal Guardian, if applicable