Authorization for Verbal Communication and/or to Leave Voice Mail Messages Regarding My Personal Health Information

Patient Information

Name- Last, First, MI	Date of Birth

Information to be disclosed: verbal communication only regarding patient's care—no copies of medical records provided

Please provide your current telephone numbers

Home Phone	Cell Phone
Work Phone	Other Phone

We normally contact our patients between 8 a.m. and 6 p.m. Monday through Thursday, and 8 a.m. to 3 p.m. on Friday. Please ***check below*** where you would prefer to be contacted during these hours

Home Phone ____ Cell Phone ____ Work Phone ____ Other Phone ____

If we need to reach you after hours, please ***check below*** where you prefer to be called:

Home Phone ____ Cell Phone ____ Work Phone ____ Other Phone ____

Please print the name and relationship to you/patient of each designee below

Designee Name	Phone Number	Relationship to Patient
Designee Name	Phone Number	Relationship to Patient
Designee Name	Phone Number	Relationship to Patient
Designee Name	Phone Number	Relationship to Patient

____ Check here if you ***do not want*** your health care information discussed with anyone other than yourself.

Confidential Voice Mail:
Please ***check below*** where we have your permission to leave a confidential voice mail (e.g., lab or test results, prescription information). Leave the spaces(s) blank if you ***do not wish*** to receive voice mails.

Home Phone ____ Cell Phone ____ Work Phone ____ Other Phone ____

Email Address_____

Your signature ***below*** conforms your approval of these updated HIPAA communication preference. You may change your selections at any time, but must do so in writing by completing an updated form.

_____ _____
SIGNATURE OF PATIENT OR RESPONSIBLE PARTY DATE SIGNED

Verbal communication only: This authorization allows for verbal communication, both in person and on the telephone with the designated person(s) on this form. It does not allow for copies of medical records to be released.
Voice mail messages: Providers and their staff recognize confidentiality as a very important part of your relationship with them. To protect your confidentiality, they will not routinely leave messages on your personal messaging system (voice mail or answering machine), or with your spouse, family members, or any other individual, unless you specifically give your permission to do so. This authorization may be used to share this information in the manner that you specify.