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(Please Print)

Last Name: _____ First Name: _____ DOB: _____

Because we value your right to privacy, we would like to determine how to best handle our telephone communications with you. We routinely call our patients for the following reasons: 1) to confirm appointments, 2) with test results, or 3) to respond to your questions or concerns.

In the event that we attempt to contact you and you are not available, what would you like us to do?

Send information to my email: _____

Leave the information on answering machine/voice mail. Phone No: _____

Leave the information with: (Please Print)

Last Name: _____ First Name: _____

Relationship: _____ Phone No.: _____

Last Name: _____ First Name: _____

Relationship: _____ Phone No.: _____

Do not leave information about me on an answering machine/voice mail or with another person. Leave a name and phone number, and I will return the call.

By signing this form you are letting us know the best way to provide you with your personal health information by phone. If any of this information changes, you are responsible for notifying us in writing.

Signature: _____ Date: _____