

Patient Name: _____

MESSAGE AUTHORIZATION

(Name of Provider/Clinic)

considers patient confidentiality to be of utmost importance and concern. In an effort to ensure that your privacy is protected, please read and sign the following consent form.

AUTHORIZATION

I authorize the provider/clinic to leave a message on my **home** answering machine pertaining to the following (*check all that apply*):

- Date and time of upcoming appointment
- Laboratory results (e.g., blood tests, Pap smear, urine or other cultures)
- X-ray, CT scan, MRI or other radiological results
- Reminder to schedule recurring screening services or testing (e.g., mammogram, PSA, Pap, annual health maintenance exam, colonoscopy, flexible sigmoidoscopy)
- Referral information (appointment with another health care provider)
- Other (*please list*): _____

I authorize the provider/clinic to leave a message on my **work** voicemail or answering machine pertaining to the following (*check all that apply*):

- Date and time of upcoming appointment
- Laboratory results (e.g., blood tests, Pap smear, urine or other cultures)
- X-ray, CT scan, MRI or other radiological results
- Reminder to schedule recurring screening services or testing (e.g., mammogram, PSA, Pap, annual health maintenance exam, colonoscopy, flexible sigmoidoscopy)
- Referral information (appointment with another health care provider)
- Other (*please list*): _____

I understand that this authorization will remain in effect until such time that I submit, in writing, revocation of my authorization. I understand that by giving my consent, information about my personal health care could be made available to members of my family and/or others in my home who have access to my telephone messaging system.

Signed: _____ Date: ____/____/____

NO AUTHORIZATION

- I **do not** authorize any messages related to my health care to be left on my **home** answering machine.
- I **do not** authorize any messages related to my health care to be left on my **work** voicemail/answering machine.

Signed: _____ Date: ____/____/____

AUTHORIZATION REVOKED

Message authorization revoked on ____/____/____

Initials of individual receiving written revocation: _____