

Surgical Specialists of Colorado, P.C.

Phone message/fax consent

Surgical Specialists of Colorado, at times, may need to contact you about test results, appointments, referrals or billing/insurance information. By filling out the information below, we will be better able to serve you. In an effort to protect your privacy and follow federal guidelines, we have developed a policy on leaving medical care messages. *Unless we have written permission to do so:*

- We WILL NOT leave messages with anyone except the patient or legal guardian
- We WILL NOT leave messages on voice mail or answering machines
- We WILL NOT send faxes

Please read below and carefully consider who, if anyone, you want to have access to your medical/account information.

I, _____ give my permission for Surgical Specialists of Colorado to leave phone messages and/or fax messages regarding my medical care/account information. I fully understand that this consent will remain valid until revoked in writing by me.

Patient Name: _____

Date of Birth: _____

How would you prefer to receive normal test results?

- Fax fax number: _____
- US Mail Address: _____

May we leave a phone message to inform you that test results are available and to contact our office for those results?

Home Phone: _____ Yes No (circle one)

Work Phone: _____ Yes No (circle one)

Cell Phone: _____ Yes No (circle one)

Who else may we share your test results with on your behalf?

Spouse/Partner: Yes No (circle one) If yes, name: _____

Son/Daughter: Yes No (circle one) If yes, name: _____

Other: Yes No (circle one) If yes, name: _____

Special Instructions, if any: _____

Signature: _____

Date: _____