**PRESCOTT WOMEN’S CLINIC Richard Ohanesian, MD**

**919 Twelfth Place, Suite 1 Jeffrey Osburn, MD**

**Prescott, Arizona 86305 Katie Campuzano, MD**

**(928)778-4300 Victoria Cahill, OGNP**

**AnnMarie Massimo, OGNP Loretta Nevarez-Kells, OGNP**

**PATIENT CONSENT TO LEAVE DETAILED MESSAGE/INFORMATION**

Dear Patient:

Prescott Women’s Clinic has adopted a policy that requires our staff to obtain authorization from the patient to leave detailed messages for the patient. This policy is to protect the patient and to also protect our staff from violating the patient’s confidentiality. If we do not have a signed consent on file, the staff may only leave their name and a phone number on an answering machine asking you to call them back.

By completing the consent below, you hereby authorize the staff to call and leave their name, doctor’s name and additional information on an answering machine or with a specific individual. Unless notified in writing, this consent will remain in effect permanently.

I give consent to my doctor and/or staff of Prescott Women’s Clinic to leave a message regarding treatment, test results or other necessary information.

**Please print phone numbers on line(s):**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On answering machine at home

(Home Phone Number)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On cell phone voice mail

(Cell Phone Number)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On voice mail at work

(Work Phone Number)

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Patient Signature Date

**OR**

I do **NOT** consent to any messages being left on my message machine other than office name and phone number.

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Patient Signature Date