

PATIENT CONSENT TO LEAVE DETAILED MESSAGE/INFOMRATION

Dear Patient:

Dr. William B. Miller has adopted a policy that requires their 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 Dr. William Miller/Practitioner Cheryl Felt and there staff from violating the patient's confidentiality. If the Provider's staff does 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, r's, provider'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 Provider (Dr. William B Miller/Nurse Practitioner Cheryl Felt and/or staff of the WMB Medical (Virapel) to leave a message regarding treatment, test results or other necessary information.

Please print phone numbers on line(s): jj

1. _____
(Home Phone Number)

2. _____
(Cell Phone Number)

I would prefer no messages be left on my cell or home phone and ask that you email me instead

My email address is: _____

I do not consent to have any messages left on my home phone just cell

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Patient Signature

Date

