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| **Phone Message Consent** | A close-up of a sign  Description automatically generated |
| **Serving Arizona, New Mexico, and Texas** | |

To protect your privacy, as our patient, we have a privacy policy around leaving medical information messages.

* We will NOT leave any information on voicemail with specific instructions, other than appointment reminders.
* We will NOT leave messages with anyone except the patient or legal guardian, unless otherwise instructed.

PLEASE READ BELOW AND CONSIDER CAREFULLY WHO YOU WANT TO HAVE ACCESS TO YOUR MEDICAL INFORMATION.

I give National Hearing & Balance my permission to leave phone messages regarding my medical care with the following people. I fully understand that this consent will remain in effect until revoked in writing.

National Hearing & Balance may leave a voice message on: (check all that apply)

My Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Partner/Spouse’s Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner/Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Partner/Spouse’s Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POA/Guardian’s Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POA/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POA/Guardian’s Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POA/Guardian’s Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Guardian/POA Signature Date

Please Print Name