

# Confidential Communication Request



It is often necessary for us to contact you by phone in order to communicate test results, follow-up on appointment scheduling, or to review your care plan. Often our patients are not available when we call them and we would like to be able to leave a detailed telephone message if possible. In order to protect your privacy, we need your written permission to leave detailed messages on your voicemail or with another trusted individual (such as family member). It should be noted that our current notice of privacy practices does allow us to call you with a courtesy reminder regarding any upcoming appointments. Please read the following choices and tell us whether or not we can leave detailed messages, and where/with who those messages may be left.

PLEASE CHOOSE ONE OF THE FOLLOWING:

**I DO CONSENT** for Sonoran Sky Surgical, PLC and staff to leave detailed messages. Select each one that you want us to be able to use for messages. These selections will remain in effect until you rescind it in writing.

Home phone machine: \_\_\_\_\_

My cell phone: \_\_\_\_\_

Name of trusted individual #1 (and relationship): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Name of trusted individual #2 (and relationship): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**I DO NOT CONSENT** to leave detailed messages on my phone or answering machine or with any trusted individual.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_