HOW CAN WE REACH YOU?

Your physician and staff members will at times need to contact you. **In an effort to protect your privacy, we have developed a policy for leaving medical information.** Please fill out the information below so we may be able to better serve you.

UNLESS WE HAVE YOUR WRITTEN PERMISSION TO DO SO

- We will NOT leave messages with anyone except the patient or the legal guardian.
- We will NOT leave any health information on an answering machine or voicemail.

Please read below and let us know what you prefer

I, _____ give Rocky Mountain Gastroenterology my permission to leave phone messages regarding my medical care and test results with the following individual(s). I fully understand that this consent will remain until revoked in writing.

My cell voicemail: #_____ initials_____
My home answering machine: #_____ initials_____
My office/work voicemail: #_____ initials_____
My spouse: #_____ initials_____
Other: #_____ initials_____

Please list whom you give us permission to talk to regarding your medical care.

_____ _____

_____ _____

Patient Name:_____ D.O.B._____
Please Print – First and Last name

Signature: _____ Date:_____

Parent or Guardian Signature: _____ Date:_____