



Ohio Plastic + Reconstructive Surgery

Phone message/fax consent

Ohio Plastic and Reconstructive Surgery, at times, may need to contact you about test results, appointments, referrals or billing/insurance information. By filling out the information below, we will be better able to serve you. To protect your privacy and follow federal guidelines, we have developed a policy on leaving medical care messages. **Unless we have written permission to do so:**

- We WILL NOT leave messages with anyone except the patient or legal guardian
- We WILL NOT leave messages on voice mail or answering machines
- We WILL NOT send faxes

Please read below and carefully consider who, if anyone, you want to have access to your medical/account information.

I, _____ give my permission for Ohio Plastic and Reconstructive Surgery to leave phone messages and/or fax messages regarding my medical care/account information. I fully understand that this consent will remain valid until revoked in writing by me.

Patient Name: _____ Date of Birth: _____

How would you prefer to receive normal test results?

Fax Fax number: _____

US Mail Address: _____

May we leave a phone message to inform you that test results are available and to contact our office for those results?

Home/Cell Phone/Work: _____ Yes No

Who else may we share your test results with on your behalf?

Spouse/Partner: Yes No If yes, name: _____

Son/Daughter: Yes No If yes, name: _____

Other: Yes No If yes, name: _____

Special Instructions, if any: _____

Signature: _____ Date: _____