



Laureate Medical Group at Northside

PATIENT CONSENT TO LEAVE VOICEMAIL MESSAGES

Name of Patient: _____

Phone #: _____

Patient's Date of Birth: _____

Date: _____

As a patient, you may authorize providers or staff in our office to leave detailed voice messages for you when they are unable to get in touch with you by phone. If we do not have a signed consent on file, we will only leave our name and telephone number on your answering machine or voicemail requesting that our call be returned. Signing this form is entirely voluntary if you wish to authorize our providers and staff to leave detailed voicemail messages for you **that may include your health information.**

I, _____, give my consent for Practice providers and staff to leave me messages on my answering machine or voicemail regarding scheduling, treatment, lab or test results, or other information **that may include my health information** as follows:

_____ Home Voicemail Phone Number: _____

_____ Cellular Voicemail Phone Number: _____

_____ I do not wish to have detailed messages left for me and prefer to be contacted directly:

I understand that this Consent can be revoked by submitting a written request to the Practice Manager at one of our Laureate Medical Group Practice Locations. I understand that I have the right to revoke this Consent in writing at any time except to the extent that action has already been taken in reliance on it. This Consent shall remain in effect until the date I revoke it in writing.

Signature of Patient or Legal representative

Print name:

Date

Relationship to patient::

Interpreter (if applicable)

Reason patient unable to sign:

Note to staff: if telephone interpretation provided, record name of company and interpreter ID number.

FOR INTERNAL PURPOSES ONLY:
Date Consent Received: _____

**CONSENT TO LEAVE VOICEMAIL MESSAGES FORM
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3400C Old Milton Pkwy, Suite 500 Alpharetta, GA 30005 678-775-2284 Fax: 678-775-2285	1121 Johnson Ferry Rd Building 1, Suite320 Marietta, GA 30068 678-718-2940 Fax: 678-718-2941	7823 Spivey Station Blvd, Suite 310 Jonesboro, GA 30236 770-996-1122 Fax: 770-907-1429	550 Peachtree St, NE Suite 1550 Atlanta, Georgia 30308 404-892-2131 Fax: 404-215-9222	6135 Barfield Road Suite 200 Atlanta, Georgia 30328 404-256-8500 Fax: 404-256-8506	684 Sixes Road Suite 265 Holly Springs, GA 30115 770-720-2221 Fax: 770-720-2282
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