



PATIENT CONSENT TO LEAVE VOICEMAIL MESSAGES

Name of Patient: _____ Phone #: _____

Patient's Date of Birth: _____ Date: _____

As a patient, you may elect on a voluntary basis to authorize providers or staff in our office to leave detailed voice messages for you that contain your personal information, including potentially sensitive health information about your health status or health condition. You understand that voicemail messages may be heard by others and, by authorizing us to communicate with you with detailed voicemail messages, you agree to accept the risk that your personal health information may become known to others. You further understand that the Practice will still be able to leave general messages for you related to your treatment or billing, such as appointment reminders, if you elect not to sign this Consent or indicate below that you do not wish to receive detailed voice messages.

By signing below, I hereby authorize and consent to providers and staff leaving detailed messages on my answering machine or voicemail regarding treatment, lab or test results, or other health information of a sensitive nature as follows:

Home Voicemail Phone #: _____

Cellular Voicemail Phone #: _____

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 Coordinator at the Laureate Medical Physician Office Practice identified at the top of this form. 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 Legally Authorized 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 Request Received: _____

Alpharetta

3400-C Old Milton Parkway, Suite 500
Alpharetta, Georgia 30005
(Office): 678-775-2284
(Fax): 678-775-2285

Canton

470 Northside Cherokee Blvd, Suite 490
Canton, Georgia 30115
(Office): 678-538-2167
(Fax): 678-538-2165

East Cobb

4800 Olde Towne Parkway, Suite 400
Marietta, Georgia 30068
(Office): 678-718-2940
(Fax): 678-718-2941

Forsyth

2000 Howard Farm Drive, Suite 400
Cumming, GA 30041
(Office): 470-747-3134
(Fax): 404-649-6219

Holly Springs

684 Sixes Road, Suite 265
Holly Springs, Georgia 30115
(Office): 770-720-2221
(Fax): 770-720-2282

Jonesboro

7823 Spivey Station Blvd., Suite 310
Jonesboro, Georgia 30236
(Office): 770-996-1122
(Fax): 770-907-1429

Midtown

1110 W. Peachtree Street NW, Suite 1100
Atlanta, Georgia 30309
(Office): 404-892-2131
(Fax): 404-215-9222

Sandy Springs

6135 Barfield Road NE, Suite 200
Atlanta, Georgia 30328
(Office): 404-256-8500
(Fax): 404-256-8506