

Consent for Leaving Messages

Consent to Leave Messages /Share Information with Family/Friends

I understand that my healthcare information at the Ankle & Foot Clinic of Everett is protected and I have received a copy of their Notice of Privacy Practices.

In order for the Ankle & Foot Clinic of Everett to leave detailed messages on my voice mail, answering machine, EMAIL or TEXT. I need to give permission to the Ankle & Foot Clinic of Everett.

I consent to information regarding myself (or my child's / under the age of 18) lab tests results or detailed appointment reminders/instructions be left on my voice mail or answering machine.

Consent for Leaving Messages (please check box)

Yes No

I wish family members or friends to have access to my health care information. The name(s) listed below are family members or friends to whom I grant access to my health care information. I will rely on the professional judgment of my provider and his/her designee to share such information, as they deem necessary.

Consent for Shared Information with Family and Friends (please check box)

Yes No

I understand that information is limited to verbal discussions and that no paper copies of my protected healthcare information will be provided without my signature on a Release of Information form.

NAME	RELATIONSHIP
1.	
2.	
3.	

Patient Name (Please Print)

Signature (Parent / Guardian if under 18)

DATE

This consent will be considered valid until such time that I cancel it. I reserve the right to cancel it at any time. It will be my responsibility to keep this information up to date, as I recognize that relationships and friendships may change over time. I understand that any cancellation can only apply to future disclosures or actions regarding my protected health information and cannot cancel actions taken or disclosures made while the designation was in effect.