

**HOW CAN WE REACH YOU?  
PHONE MESSAGE/FAX CONSENT**

Colorado Springs Vascular, 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. In an effort 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:

1. We will not leave messages with anyone except the patient or legal guardian.
2. We will not leave messages on voice mail or answering machines.
3. 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 Colorado Springs Vascular 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: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Yes / No

Work Phone: \_\_\_\_\_ Yes / No

Cell Phone: \_\_\_\_\_ 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: \_\_\_\_\_