



Contact Consent Form

You physician(s) and other staff members will, at times, need to contact you. By filling out the information below, we will be better able to serve you.

UNLESS WE HAVE YOUR WRITTEN PERMISSION TO DO SO, WE WILL NOT:

- LEAVE MESSAGES WITH ANYONE EXCEPT THE PATIENT OR LEGAL GAURDIAN
- LEAVE INFORMATION ON AN ANSWERING MACHINE
- LEAVE INFORMATION ON A VOICEMAIL

Please read below and consider carefully whom you want to have access to your medical information.

I _____ give Healthy Body Acupuncture, LLC my permission to leave phone messages regarding my medical care and test results with the following individual(s) and/or answering systems. I fully understand that this consent will remain in effect until revoked in writing.

- May leave message on primary contact phone number
- May leave message on secondary contact phone number
- May leave text message on contact cell phone number

My medical care may be discussed with the following individuals:

Patient/Guardian Signature

Date