

## Consent to Leave Phone Messages/Release of Information

Dear patient:

F. Parker Thornton M.D. LLC has adopted a policy that requires our staff to obtain authorization from the patient to release and/or leave a detailed message for the patient. Secondary to the new HIPPA guidelines we need to guard against violating any patient confidentiality and protect our staff. If we do not have a signed consent on file we may only leave our name and phone number on an answering machine asking you to call back.

By completing the consent below you authorize us to release information or leave a detailed message on voicemail or with a specific individual. In order for us to relate any of your medical information to anyone other than yourself please check #3 below.

**A.** I give my consent to Dr. Thornton or his staff to release and/or leave messages regarding my care or lab results as necessary in the following situations

1. \_\_\_\_\_ on answering machine at home
2. \_\_\_\_\_ on voicemail at work
3. \_\_\_\_\_ with \_\_\_\_\_ (relationship) \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

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**B.** \_\_\_\_\_ I do not consent to messages being left. Please contact me directly

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date