

# Contact Authorization

Patient Name: \_\_\_\_\_

All calls regarding your care, test results and appointments will be made to your home phone. If you would like us to contact you at an alternate phone number, please indicate that number here:

#1: (\_\_\_\_) \_\_\_\_\_ #2: (\_\_\_\_) \_\_\_\_\_

\_\_\_ I hereby authorize this practice to contact me by phone and if I am not present, they **MAY** leave a message on my answering machine.

\_\_\_ I prefer that this practice **NOT** leave a message if I am not present.

The following people, other than a duly designated guardian or conservator, are authorized to discuss my medical condition and/or billing information with a healthcare professional in this practice:

----- Name	----- Relationship	----- Phone Number
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----- Name	----- Relationship	----- Phone Number
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