



Telephone and Messaging Consent

Frequently, Sage Family Medicine will need to contact you by telephone regarding your health and your protected health information. In order to best protect your privacy, as well as provide excellent patient care, we ask that you complete the following consent that provides very specific directions on where we may contact you, with whom we may leave messages with, and with whom we may speak to on your behalf regarding your health information.

I permit Sage Family Medicine to leave phone messages at the following telephone numbers and/or with the following individuals. I acknowledge that ONLY the individuals listed below on this form will be able to discuss any health information with Sage Family Medicine. I agree that this consent will remain valid until revoked in writing by me or by an authorized designee (i.e./durable power of attorney).

Patient Name: _____ Date of Birth: _____

Contact Numbers	May we leave a detailed message?	Preference
Home: _____	YES/NO	1 2 3
Work: _____	YES/NO	1 2 3
Cell: _____	YES/NO	1 2 3

To whom may we speak on your behalf:

- Name: _____ Relationship: _____

Phone: _____ Special Notes: _____
- Name: _____ Relationship: _____

Phone: _____ Special Notes: _____

PATIENT SIGNATURE

DATE