



Contact Consent Form

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 GUARDIAN
- LEAVE INFORMATION ON AN ANSWERING MACHINE
- LEAVE INFORMATION ON A VOICEMAIL

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

I _____ give Fish Hawk 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 messages on the primary contact phone number

_____ May leave messages on the contact cell phone number

_____ May leave text messages on contact cell phone number

My medical care may be discussed with the following individuals:

1) _____

2) _____

3) _____

Patient/Guardian Signature _____ Date _____