



## Consent to Leave Messages on Voice Mail, Answering Machines or with Family Members

\_\_\_\_\_  
Patient name(s)

\_\_\_\_\_  
Date of Birth

At Amber Pediatrics, we understand that communication is an important part of the patient/health care provider relationship. In order to relay important information to our patients' guardians in a timely manner, we may often need to leave messages on voice mail, answering machines or with family members:

**Please provide the telephone numbers where we may contact you:**

\_\_\_\_\_  
(HOME)

\_\_\_\_\_  
(WORK)

\_\_\_\_\_  
(MOBILE)

### **Detailed Voice Mail and Answering Machines Messages**

In some cases when we are unable to speak with you directly, we may need to leave a voice mail or answering machines message with detailed information about your child's condition or treatment (such as the results of tests or the scheduling or procedures). You should be aware that other individuals who have access to your voice mail or answering machine could hear these messages. At home this may mean that other members of your family could hear these messages. At work it may mean that your employer could hear these messages.

**Please tell us at which numbers we MAY leave a DETAILED voice mail message:**

Home

Work

Mobile

None, do not leave detailed messages on my voice mail or answering machine.

### **Messages with Family Members or Others Who Answer Your Home Phone**

We may also need to leave messages with detailed information about your child's condition or treatment, such as the results of tests or the scheduling of procedures, with family members, or others who answer your home telephone.

**Please tell us if we may leave DETAILED messages with individuals who answer your home telephone, please indicate below:**

Yes you may leave DETAILED MESSAGES with anyone who answers my home telephone.

No, Please DO NOT leave DETAILED MESSAGES with anyone who answers my home phone.

***My signature below indicates I have read and understand the above notice regarding consent to leave detailed messages.***

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Relationship to Patient

Consent to leave messages.doc