



### Consent To Leave Messages

In order to protect patient privacy and comply with the HIPAA Privacy Rule, Tutera Medical requires an authorization before leaving detailed messages for our patients. If there is not a signed consent on file, Tutera Medical staff will only leave their name and a phone number requesting the patient to return the call.

By completing the consent below, you give permission to Tutera Medical doctors and staff to leave messages on an answering machine, voicemail, or with specified individuals. This permission can be revoked at any time by notifying Tutera Medical in writing. Unless written notification is received, will remain in effect permanently.

PATIENT NAME \_\_\_\_\_ DATE: \_\_\_\_\_  
(print)

I give consent to my Tutera Medical providers and staff to leave messages regarding scheduling, treatment, test results or other information.

I wish to be called regarding my care and follow-up at the following phone number(s):

\_\_\_\_\_  
(Home Phone Number)

\_\_\_\_\_  
(Cell Phone Number)

\_\_\_\_\_  
(Work Number)

I do \_\_\_\_\_, do not \_\_\_\_\_ (check one) want medical information shared with the person who may answer the telephone. The name(s) of the individual(s) with whom you may leave medical information are:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date