

ADVANCED EAR, NOSE & THROAT, P.C.
MICHAEL R. MENACHOF, M.D.

PHONE MESSAGE CONSENT

In an effort to protect your privacy, we have developed a policy on leaving medical information messages.

- We will NOT leave any information on voice mail without specific instruction other than appointment reminders.
- We will NOT leave messages with anyone except the patient or legal guardian unless otherwise instructed.

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

I give Advanced Ear, Nose & Throat, P.C. my permission to leave phone messages regarding my medical care with the following. I fully understand that this consent will remain in effect until revoked in writing.

Advanced Ear, Nose & Throat, P.C. can leave voice messages on:

	<u>Phone Number</u>	<u>Initials</u>
My Cell Voice Mail:	_____	_____
My Home Voice Mail:	_____	_____
My Work Voice Mail:	_____	_____
My Spouse Work:	_____	_____
My Spouse Cell:	_____	_____
Adult Child's Parent:	_____	_____

Print Name: _____ Date: _____

Signature: _____