

# Ear Nose and Throat Consultants of East Tennessee

## Consent for Healthcare Messages

I \_\_\_\_\_ give permission to the physicians and their staff at

Ear Nose and Throat of East Tennessee to leave messages regarding my healthcare in the following

manner when I am not available:

(Please mark all that apply)

\_\_\_\_ May ONLY leave information with me. (If you check here, no other choices should be marked).

\_\_\_\_ May leave appointment reminders on my answering machine/voicemail.

\_\_\_\_ May leave appointment reminders with my family.\*

\_\_\_\_ May leave lab results on my answering machine/voicemail.

\_\_\_\_ May leave lab results with my family\*

\_\_\_\_ May leave general questions/information/account information on my answering machine/voicemail.

\_\_\_\_ May leave general questions/information/account information with my family.\*

\*If any are checked above, please list name of individual we may give information to:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_ I prefer that all healthcare messages be given to the following person (family member, guardian, caretaker or significant other):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I would prefer to be contacted at: Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Email address \_\_\_\_\_