



Advanced Heart and Vascular Medicine

Diagnostic and Interventional Cardiology
1631 11th St, Suite A, Wichita Falls, TX 76301
(Office) 940-263-3003 (Fax) 940-263-3009

PHONE MESSAGE CONSENT FORM

Your 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 carefully whom you want to have access to your medical information.

.....give Advanced Heart & Vascular Medicine my permission to leave phones 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.

My cell phones:(.....)..... - initials:.....

My home answering machine/voicemail: (.....).....-..... initials:.....

My office/work voicemail: (.....).....-..... initials:

My medical care maybe discussed with the following:

My spouse:at (.....).....-..... initials:.....

Others:at (.....).....-..... initials:.....

- I DO NOT WANT MY INFORMATION LEFT ON VOICEMAIL

Patient/Guardian Signature.....

Date.....