Ambler Pediatrics

602 S. Bethlehem Pike Ambler, PA 19002

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

Patient name			Date of Birth	_
patient/health care pro	ovider relationship. anner, we may ofte or with family meml	In order to relay in need to leave moers:	s an important part of the mportant information to our lessages on voice mail, contact you:	
(HOME)	(W	ORK)	(MOBILE)	
Detailed Voice Mail	and Answering	Machines Mes	sages	
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 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	ch numbers we M	AY leave a DETA	AILED voice mail message:	
☐ Home	☐ Work	☐ Mobile		
☐ None, do not leave detailed messages on my voice mail or answering machine.				
Messages with Fan	nily Members or	Others Who A	nswer Your Home Phone	<u>e</u>
We may also need to leave messages with detailed information about your 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 telephone, please indic		messages with ind	lividuals who answer your ho	me
☐ Yes you may leave <u>DETAILED MESSAGES</u> with anyone who answers my home telephone.				
☐ No, Please <u>DO NOT</u> leave <u>DETAILED MESSAGES</u> 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		our Signature	 Today's Date	_