



Circle City Chiro

PATIENT VOICEMAIL/EMAIL CONSENT FORM

Circle City Chiro is required to obtain prior authorization to leave detailed voicemail messages for patients. This policy is to protect patients and also to protect our staff from violating patients' confidentiality. If we do not have a signed consent form on file, the staff may leave only their name and a phone number on an answering machine asking you to call them back. By completing the consent below, you hereby authorize the staff to call and leave their name, doctor's name, and additional information on an answering machine or with a specific individual. You can also authorize the staff to contact you by email. Unless notified in writing, this consent will remain in effect permanently.

I give my consent to Circle City Chiro to leave a message regarding appointment dates and times and other necessary information via the following methods:

	YES	NO
On home answering machine	<input type="checkbox"/>	<input type="checkbox"/>
On work voicemail	<input type="checkbox"/>	<input type="checkbox"/>
On cell voicemail / text message	<input type="checkbox"/>	<input type="checkbox"/>
Via email		
Email Address: _____	<input type="checkbox"/>	<input type="checkbox"/>
Via an individual		
Name(s): _____	<input type="checkbox"/>	<input type="checkbox"/>

Please note that only you the patient may call to change your appointment. A parent/guardian may call to change the appointment of their child, however.

We periodically send office updates via email. Please indicate your preference below.

- I would like to receive office updates via email.
- I prefer not to receive office updates via email.

Printed Patient Name _____

Patient Signature _____

Date _____