Maui Urology

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CONSENT TO LEAVE MESSAGES/SHARE INFORMATION WITH FAMILY/FRIENDS

I, _____ **(print patient name)** understand that my healthcare information at Maui Urology, LLC is protected and I have received a copy of their Notice of Privacy Practices. In order for Maui Urology to leave detailed messages on my voicemail or answering machine, I need to give permission for them to do so.

Consent for Leaving Messages:

☒ I consent to information regarding my (or my child's if under the age of 18) test results or detailed appointment reminders/instructions be left on my voicemail or answering machine. I understand that "sensitive" information as noted below will be excluded.

Consent for Shared Information with Family and Friends:

☒ I wish family members or friends to have access to my healthcare information. Name(s) listed below are the people to whom I grant access to my healthcare information. I will rely on the professional judgment of my provider and his/her designee to share such information as they deem necessary.

I understand that information is limited to verbal discussions and that no paper copies of my protected healthcare information will be provided without my signature on a Release of Information Form.

I understand that some information is considered "sensitive". I understand that I must check the specific boxes in order for my provider, or his/her designee, to release any "sensitive" information.

☒ Mental Health/Psychiatric Disorders (including depression)

☒ Chemical Dependency

☒ Sexually Transmitted Diseases

☒ Pregnancy

☒ HIV / AIDS Virus

NAME	RELATIONSHIP
1) _____	_____
2) _____	_____

_____ _____

Patient/Parent Signature **Patient DOB** Today's Date

☐ **By checking this box and typing my name below, I am electronically signing**
(for those filling out the form digitally but using a browser that does not support Adobe digital signature)

_____

This consent will be considered valid until such time that I revoke it. I reserve the right to revoke it at any time. It will be my responsibility to keep this information up to date, as I recognize that relationships and friendships may change over time.