**Consent for Phone Contact Form**

If we attempt to contact you and do not reach you in person, please indicate which method(s) of leaving messages are acceptable to you:

□Okay to leave a detailed voicemail message that may include medical information for me on my:
Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Okay to leave message or text for appointment reminder on cell phone listed

 Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Okay to leave message for appointment reminder call on work phone listed

 Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Okay to email me with medical information and appointment reminder:

□Email: j

□Other (specify): j

□NEVER leave any medical information on any message for me, simply ask me to call back

It is okay to discuss medical information regarding me with:

□My spouse/partner. Name: Relationship: j

□My power of attorney. Name: Relationship: j

□Other. Name: Relationship: j

**Consent:** It is OK to discuss my medical results for my Covid-19 test with my employer.

 □Yes □No Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient or Guardian: j

Printed Name: j

Date: j