



# Summit Medical Group

## Consent for Healthcare Messages

I \_\_\_\_\_ give permission to the physicians and their staff at  
(please print patient name)  
Summit Medical Group to leave messages regarding my healthcare in the following manner when I  
am not available:

**(Please mark all that apply)**

- \_\_\_\_\_ May **ONLY** leave information with me. (If you check here, no other choices should be marked).
- \_\_\_\_\_ May leave appointment reminders on my answering machine/voice mail.
- \_\_\_\_\_ May leave appointment reminders with my family.\*
- \_\_\_\_\_ May leave lab results on my answering machine/voice mail.
- \_\_\_\_\_ May leave lab results with my family.\*
- \_\_\_\_\_ May leave general questions/information on my answering machine/voice mail.
- \_\_\_\_\_ May leave general questions/information with my family.\*

\*If any are checked above, please list name of individual we may give information to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ I prefer that all healthcare messages be given to the following person (family member, guardian, caretaker or significant other):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I would prefer to be contacted at: \_\_\_\_\_ Home # \_\_\_\_\_

\_\_\_\_\_ Work # \_\_\_\_\_

\_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_\_\_ Other # \_\_\_\_\_

Patient or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_