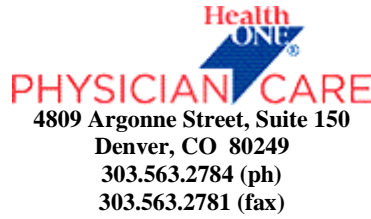


# Aspen Family Medicine at Green Valley Ranch



## HOW CAN WE REACH YOU?

From time to time your provider will need to contact you. By filling out the information below we are better able to serve you.

I, \_\_\_\_\_ by filling in the spaces below give HealthONE my permission to speak with and/or leave a phone message regarding my medical care and/or billing information with the following individuals.

**PLEASE CONSIDER CAREFULLY WHOM YOU AUTHORIZE TO HAVE ACCESS TO PROTECTED INFORMATION REGARDING YOUR CARE.** I fully understand that this consent will remain valid until revoked in writing.

My Home answering machine# \_\_\_\_\_ Initials \_\_\_\_\_

My Cell or Cell voice mail: # \_\_\_\_\_ Initials \_\_\_\_\_

My Office/Work voice mail: # \_\_\_\_\_ Initials \_\_\_\_\_

My Spouse/Guardian **Name:** \_\_\_\_\_  
# \_\_\_\_\_ Initials \_\_\_\_\_

If other, please name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_  
# \_\_\_\_\_ Initials \_\_\_\_\_

In an effort to protect your privacy, we have developed a policy on leaving medical care message information.

- We will **NOT** leave messages with anyone except the patient or legal guardian unless stated above.
- We will **NOT** leave any confidential information on an answering machine unless stated above.
- We will **NOT** leave any messages on a voice mail unless stated above.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_