Exceptional Care for Women • 6011 E Woodmen Rd., Ste 305 • Colorado Springs, CO 80923 • 719-884-9962

2017 HIPAA/PATIENT CONTACT CONSENT 2018

By my signature, I acknowledge that I have received a copy of the Notice of Privacy Practices from Exceptional Care for Women.

Please print patient name: _____

Date of Birth: _____

Guardian/Patient signature: _____

In caring for our patients, it may be necessary for Exceptional Care for Women to contact you by phone. When we are not available to speak to you directly, we like to leave messages when possible. In order to protect your privacy, it is ECW's policy to:

- NOT leave messages with anyone except the patient or legal guardian;
- NOT leave specific information on an answering machine/voice mail system.
- UNLESS we have your written permission to do so.

Please review the information below and **consider carefully** whom you choose to have access to your medical information, such as scheduling information about an upcoming procedure, inquiries about your insurance or billing information. Please check the applicable ways for us to reach you/leave a message for you. We are unable to speak to any person unless you list them by name on this document.

CONSENT:

- ☐ Home phone or answering machine/voice (detailed message)
- ☐ Cell phone or answering machine/voice (detailed message)
- ☐ Office phone or office voice mail (detailed message)
- ☐ Spouse (detailed message) Spouse's name: _____
- ☐ Other person, phone etc._____

DENIAL:

I_____, wish to be contacted personally and **do not** authorized ECW to leave detailed messages with any other person or via answering machine/voice mail system.

You have the option to update and/or change your preferences of how we contact you at any time by completing a new PATIENT CONTACT CONSENT form or otherwise putting your request in writing and submitting it to Exceptional Care for Women.

_____ _____

Signature (Parent/Guardian) Date