

MATERNAL FETAL MEDICINE

AUTHORIZATION TO DISCUSS HEALTH INFORMATION WITH OTHERS AND/OR LEAVE TELEPHONE MESSAGES

Maternal Fetal Medicine Department will abide by the guidelines you have given us in this document unless you instruct us differently.

The purpose of this document is to inform us if we have your permission to:
Relay information to other people regarding your care and treatment;
Leave information about your care and treatment on your telephone answering machine;
Call you at work, and/or ...
Call you on your cell phone or other telephone number.

Patient Name: _____ **Date of Birth:** _____

When our physicians, genetic counselors, nurses or other office staff need to speak with you about your healthcare, we generally place a telephone call and ask to speak with you, our patient, first. Some examples of when we may need to call you are: to give you follow-up instructions after a procedure, to give you laboratory or other results or to provide you with pertinent information relating to your visit.

If you are unavailable when we telephone you,

1. May we leave such information on your answering machine? Yes ___ No ___
 Comment: _____
2. May we leave such information with other people in your Household? Yes ___ No ___

If "Yes" to Question #2, please indicate specifically those who you feel comfortable giving information:

- _____
3. May we contact you at work? Yes ___ No ___
 Work Telephone Number _____
 4. May we contact you via cell phone? Yes ___ No ___
 Cell Phone Number _____
 5. Is there any other telephone number you would like us to call to reach you or another person you would like us to contact to discuss your healthcare?

 6. Is there someone you have given the authority to schedule, confirm, or cancel appointments for you? ___ Yes If "Yes", please specify: _____

Patient Signature _____ *Date* _____