

TELEPHONE MESSAGING INFORMATION

From time to time in caring for our patients, it may be necessary or desirable to contact patients by telephone. When you are not available to speak to us directly, we like to leave messages where possible.

In order to protect your privacy, it is The Wright Eye Center's policy that:

1. We *WILL NOT* leave messages with anyone except the patient.
2. We *WILL NOT* leave any information on an answering machine.
3. We *WILL NOT* leave any messages on a voice mail system.

**UNLESS
WE HAVE YOUR WRITTEN PERMISSION TO LEAVE MESSAGES FOR YOU.**

Please read the information below and consider carefully whom you want to have access to your medical information related to your eye care.

I, _____ give The Wright Eye Center and its office staff my permission to leave telephone messages regarding my medical care with the following (enter telephone number and initial for each one you wish to receive your messages):

My home telephone answering machine Number _____ INITIAL _____

My office telephone voice mail Number _____ INITIAL _____

My spouse Number _____ INITIAL _____

Other (please specify) _____ Number _____ INITIAL _____

DO NOT LEAVE ANY MESSAGES ***** INITIAL _____

PLEASE SIGN HERE: _____

Thank you for understanding our policy about this important matter.