

## Telephone Messaging Information

From time to time in caring for our patients, it may be necessary 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/ Natural Eyes Laser and Surgery Center 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/ Natural Eyes Laser and Surgery Center and its office staff my permission to leave telephone messages containing medical and/or financial information on an answering machine/voice mail.

**At Home**       Yes    No                      Phone Number: \_\_\_\_\_

**At Work**       Yes    No                      Phone Number: \_\_\_\_\_

**On Cell**       Yes    No                      Phone Number: \_\_\_\_\_

*DO NOT LEAVE ANY MESSAGES*                      Patient Initials: \_\_\_\_\_

\*\* Appointment Reminders may be left on your answering machine/ voicemail if you answer no.

I give authorization to the doctors and/or staff at The Wright Eye Center/ Natural Eyes Laser and Surgery Center to discuss medical and/or financial information with the following people:

Name	Relationship	Phone Number
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

I understand it is my responsibility to inform The Wright Eye Center/ Natural Eyes Laser and Surgery Center of any changes in this authorization.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_