PERMISSION TO CONTACT AND LEAVE A MESSAGE

With the Enactment of the Health Insurance Portability and Accountability Act of 1996, Dr. John Procopio and staff recognizes that a patient has the right to have his or her health information kept private and secure.

We might at times find it necessary to call your home, cell or work to leave a message with a person or on a voicemail box/machine for you to return our call. Please initial **ONE** of the below:

_____ I grant permission for Dr. John Procopio and/or staff to contact me by home, cell or work phone regarding information they might need for my care. They may also leave a message with a person at my home, cell or work; OR on my voicemail at my home, cell or work.

_____ I grant permission for Dr. John Procopio and/or staff to contact me by home, cell or work phone, **BUT** please only speak to me and **do not** leave any messages.

_____ I grant permission for Dr. John Procopio and/or staff to contact me and leave a message at the number I've provided below:

_____

_____

Printed Patient Name

_____ _____

Patient Signature Date

_____

Office Staff Signature