



## CONSENT TO LEAVE MESSAGE

Island Ob/Gyn Clinical staff will often contact you by phone with information such as test results, medication needs, treatment plans, appointment needs or instructions from your doctor. We can leave detailed medical information on your voicemail with your consent.

By signing this "Consent to Leave Message" you consent to Island OB/GYN, allowing the clinical staff to leave a message containing detailed medical information on the phone number(s) listed below. This information can include but not be limited to medical information (diagnosis, medications, test results, etc.) financial information (billing questions, cost of procedures) and the name of the hospital, department within a hospital or physician practice where you received services.

Which phone number(s) may we leave messages that contain the above referenced medical information?

Cell \_\_\_\_\_  Home \_\_\_\_\_  Work \_\_\_\_\_

May we leave detailed messages that contain medical information with a family member or representative of your choice? If so, please identify them below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

I understand that the Island OB/GYN cannot require me to sign this consent form in order to receive treatment.

I understand I have the right to revoke this consent at any time by signing a written request to the Office. My decision to revoke this consent does not apply to any information disclosed in a voicemail prior to the date of my revocation of this consent.

Patient Name \_\_\_\_\_

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



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