

Southwest Ohio Pain Management/Desert Valley Physicians
5700 Gateway Blvd., Suite 100B
Mason, Ohio 45040
(513) 229-7800

Patient Consent to Leave Detailed Message/Information

Dear Patient:

Southwest Ohio Pain Management/Desert Valley Physicians has adopted a policy that requires our staff to obtain authorization from the patient to leave detailed messages for the patient. This policy is to protect the patient and to also protect our staff from violating the patient's confidentiality. If we do not have a signed consent on file, the staff may only leave their name and a phone number on an answering machine or with another person answering your phone.

By completing the consent below, you hereby authorize the staff to call and leave their name, doctor's name, and additional information on an answering machine or with a specific individual. Unless notified in writing, this consent will remain in effect permanently.

I give consent to my doctor and/or staff of Southwest Ohio Pain Management/Desert Valley Physicians to leave a message regarding treatment, test results or other necessary information.

Please print phone numbers on line(s)

1. _____ on answering machine at home
Home Phone
2. _____ on cell phone voice mail
Cell Phone
3. _____ on voice mail at work
Work Phone

Patient Signature: _____ Date: _____

I do **NOT** consent to any messages being left on my machine other than office name and phone number.

Patient Signature: _____ Date: _____