



PATIENT CONSENT TO RECEIVE MAIL AND/OR TELEPHONE MESSAGE

NAME _____

◆ Do we have permission to:

Send appointment card reminder to your home? Yes No

Send test results to your home? Yes No

Leave the following information on your HOME answering machine/voice mail:

Appointment information Yes No

Billing information Yes No

Medical information Yes No

Leave the following information on your WORK answering machine/voice mail:

Appointment information Yes No

Billing information Yes No

Medical information Yes No

◆ I agree that my Protected Health Information may be shared with my spouse. _____
Name

◆ I agree that my Protected Health Information may be shared with the following other people:

◆ I agree that Bradenton Cardiology Center may periodically send informational materials, i.e. newsletters to my email address. Yes No

◆ I understand that I can change any of the foregoing agreements, at any time, by giving written notice to Bradenton Cardiology Center.

Patient Name: _____ Last 4 digits SS#: _____

Signature: _____ Date: _____