



Confidential Communication Request (HIPAA Form)

From time to time in caring for our patients, it may become necessary to contact you by telephone. Often our patients are not available when we call them and we would like to be able to leave detailed telephone messages (i.e. lab results) when possible. In order to protect your privacy we need your written permission to leave detailed telephone messages on your answering machine, voice mail system or a trusted family member. It should be noted that our current notice of privacy practices does allow us to call you with a courtesy reminder regarding any upcoming appointment(s). Please read the following choices and tell us whether or not we can leave voice mail regarding your medical information, such as lab & test results, and with whom we may leave it.

Please choose one of the following:

I DO CONSENT for Arizona Allergy Associates to leave detailed messages:
I, _____ give Arizona Allergy Associates staff permission to leave telephone messages regarding my medical care with the following options: (Initial each one that you want us to be able to use for leaving you telephone messages). This will remain in effect until you rescind it in writing.

- Answering machine _____ Initials _____
- My cell phone _____ Initials _____
- Spouse (name) _____
Phone number(s) _____ Initials _____
- Other (name) _____
Phone number(s) _____ Initials _____
- Other (name) _____
Phone number(s) _____ Initials _____

Signature _____ **Date** _____

I DO NOT CONSENT to leave detailed messages on my phone or answering machine or with any member of my family.

Signature _____ **Date** _____

REVOCATION OF PRIOR CONSENT: I wish to rescind or stop the above authorizations.

Signature _____ **Date** _____

If not signed by patient, please indicate your relationship to the patient _____

Print Patient Name: _____ Date of Birth _____