

# Timothy Murphy, MD

*Addendum to Privacy Practices*

## **Consent to Verbal Communications**

**May we leave messages on your voice-mail regarding appointments, lab results or medication:**

*(messages regarding any other information will be left as call back request only)*

**yes**     **no**

\_\_\_\_\_ *phone number*

**Here are other people authorized to receive messages about my appointments *(optional)*:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_ *phone*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_ *phone*

**May we also leave brief messages about your lab results and medication with these individuals?**

**yes**     **no**

**May we also discuss your financial and medical insurance information with these individuals?**

**yes**     **no**

I understand that I may change these permissions at any time.

\_\_\_\_\_ *print name of patient*

\_\_\_\_\_ *print legal representative*

\_\_\_\_\_ *signature of patient (or legal representative)*

\_\_\_\_\_ *date*