



Summerlin Dermatology
Reuel Aspacio, M.D.

Patient Consent to Leave Detailed Message/Information

Dear Patient:

Summerlin Dermatology 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 asking you to call them back.

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 Dr. Aspacio and/or the staff of Summerlin Dermatology to leave a message regarding treatment, test result or other necessary information.

Please print phone numbers on the line(s) below:

- 1. _____ On an answering machine at home
(Home Phone Number)
- 2. _____ On cell phone voice mail
(Cell Phone Number)
- 3. _____ On voice mail at work
(Work Number)
- 4. _____ On e-mail message
(E-Mail Address)

Patients Signature

Date

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I do **NOT** consent to any messages being left on message other than the office name, staff member name and phone number.

Patients Signature

Date