

Due to the federal privacy regulations, we cannot leave messages with protected health information on home answering machines or with family members without written permission.

I give Clayton Medical Associates PC permission to leave detailed messages:

On my home answering machine/voice mail # _____

On my work answering machine/voice mail # _____

On my cell phone # _____

With the persons listed (name and relationship to patient)

Signature

Date

I do not want any medical information released except to myself.

Signature

Date