Dr. Lisa R. Gonzales
10203 Leavenworth Road
Kansas City, KS 66109

CONSENT TO LEAVE INFORMATION

Dear patient,

Dr. Lisa Gonzales has adopted a policy that requires our staff to obtain authorization from our patients to communicate detailed messages regarding their healthcare if they are not available. This policy is designed to protect the privacy of the patient and insure that our practice does not violate our patient's confidentiality. If there is not a signed consent on file, our staff will only leave their name and phone number on answering machine, voicemail, or with the person answering the phone asking the patient to return the call.

By completing this consent, you are allowing our office to leave a detailed message on an answering machine, voicemail, or with a specified individual. You can designate what information can be left and with whom. By signing this form you are also consenting to the mailing or faxing of any results requested by you, your insurance company, or another dentist involved in your care.

If you are a minor (under age 18), only the parent listed will be given your healthcare information. Be sure to list both parents if that is your preference.

I give my consent to the staff of Dr. Lisa R. Gonzales to leave messages regarding my dental treatment to include test results and other information involved in my care.

Please check all that apply:

- ☐ On an answering machine or voicemail at home.
- ☐ On an answering machine or voicemail at work.
- ☐ My cell phone (#____________________)
- ☐ With (full name of person)____________________
  Relationship:____________________
- ☐ I do not want messages left at home, work, my cell, or with any other person than myself.

Please list phone number you would prefer to have your dental appointments confirmed at:

Note: please choose only one:

- ☐ Home ________________
- ☐ Work________________
- ☐ Cell ________________
- ☐ Other________________

Patient signature: ________________________________ Date: ________________

Printed signature: ________________________________