

Mill Creek Foot and Ankle Clinic
16708 Bothell-Everett Hwy Suite 204
Mill Creek WA 98012
(425) 482-6663

Consent for Leaving Messages
Consent to Leave Messages/ Share Information with Family/Friends

I understand that my healthcare information at Mill Creek Foot and Ankle Clinic is protected and I have received a copy of their Notice of Privacy Practices.

In order for Mill Creek Foot and Ankle Clinic to leave detailed messages on my voice mail or answering machine, I need to give permission to Mill Creek Foot and Ankle Clinic to do so.

Consent for Leaving Messages (please check all that apply)

1. May we leave messages regarding your **Appointment Reminders/Billing Information/and- or Health Care Information for you** (or your child/under the age of 16) on the answering machine, voicemail , or email address you have listed for us?

Home: _____ Yes _____ No **Cell:** _____ Yes _____ No **E-mail:** _____ Yes _____ No

With whom may we leave a message or talk to? (Please check all that apply)

Patient Only ___ Patient and or Spouse/Parent ___ Anyone that answers the phone _____

Contact Preference for Appointment Reminders: (please check one)

Phone: (Hm) _____ **Cell: (Call or Text)** _____ **Email** _____

Patient/ Parent – Please print

Date

Patient/ Parent – Please sign

Copy of: Summary of Notice of Private Practices on reverse side. Copies available on request