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In order to protect your privacy, we need permission to leave a message on your answering machine at home or permission to share clinical/medical information with others.

HOME ,	/ CELL	*	
YES	NO	It is okay to leave a message regarding an appointment time.	
YES	NO	It is okay to leave a message regarding test results	
YES	NO	It is okay to leave a message with my spouse	
You may leave a message or discuss my condition with:			
Their p	hone number _		
YES email		I give Arizona Specialized Gynecology permission to communicate with me via intments, messages, test results and clinic newsletter. I have been informed that ail address will not be seen, shared or sold to any other company.	
MY EM	AIL ADDRESS: _		
	vare that withou ation to those n	ut written notice from me, Arizona Specialized Gynecology will not release any o listed above.	
Signatu	re of patient	Date	