



## Communication Consent

It is the policy of Island Medical Care, PLLC not to release confidential and/or unauthorized information by home or work telephone, answering machine, voice mail, cell phone and or pager without patient permission. Whenever returning telephone calls and the answering machine pick-ups, we do not leave a message that would include private/personal information unless specifically given permission to do so. No information will be left with any unauthorized person who may answer the telephone unless permission is given below.

I authorize Island Medical Care, PLLC, and/or it's staff, to leave medical information pertaining to my care by the following methods: (I will assume responsibility to notify Island Medical Care, PLLC whenever this information changes).

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Home Phone

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Answering Machine

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Cell Phone

**Patient Signature :** \_\_\_\_\_

**Date:** \_\_\_\_\_