

ADVANCED EAR, NOSE & THROAT, P.C.
MICHAEL R. MENACHOF, M.D.

PHONE MESSAGE CONSENT

In an effort to protect your privacy, we have developed a policy on leaving medical information messages.

- We will NOT leave any information on voice mail without specific instruction other than appointment reminders.
- We will NOT leave messages with anyone except the patient or legal guardian unless otherwise instructed.

Please read below and consider carefully whom you want to have access to your medical information.

I give Advanced Ear, Nose & Throat, P.C. my permission to leave phone messages regarding my medical care with the following. I fully understand that this consent will remain in effect until revoked in writing.

Advanced Ear, Nose & Throat, P.C. can leave voice messages on:

My cell voice mail: _____ Initials

My home voice mail: _____ Initials

My work voice mail: _____ Initials

My spouse work: _____ Initials

My spouse cell: _____ Initials

Adult Child's Parent: _____ Initials

Signature: _____ Date: _____

Print Name: _____