Voice Mail Consent Form

Daniel O. Beck, M.D.
Dallas Plastic Surgery Institute- Dallas, Southlake

Information regarding your care is often time sensitive and it may be necessary to leave a communication from our office on your voice mail. This information will include messages regarding appointment times, preparation for or follow-up from treatment and billing.

Please note, in accordance with federal regulations we take patient privacy very seriously. Unless specifically authorized below or in writing at a later date, these messages will not include the results of any pre or post-operative testing, pathology reports or disclosure of any intraoperative findings. In addition, this type of information will not be left on a work voice mail and an alternate number must be on file.

Number(s) approved for voice mail contact:

Home Phone: _____

Cellular Phone: _____

Work Phone: _____

Designated Alternate Contact Person:

Name: _____

Relationship: _____

Phone: _____

Please Initial:

_____Yes, I consent to basic information about my care being left by voice mail

_____Yes, I request the ability to receive test results and other findings by voice mail

_____ No, I do not approve of any information about my care being left by voice mail

**I have read and understand the extents and limits of information exchanged through voice mail.

_____ _____ _____

Print Name Signature Date