

## HIPAA / Patient Contact Consent

In caring for our patients, it may be necessary for UCCS HealthCircle Primary Care Clinic and Peak Nutrition Clinic (UCCS HCPCC and PNC) to contact you by phone. When we are not available to speak to you directly, we like to leave messages when possible. In order to protect your privacy, it is UCCS HCPCC and PNC's policy to:

- NOT leave messages with anyone except the patient or legal guardian;
- NOT leave specific information on an answering machine/voice mail system.
- UNLESS we have your written permission to do so.

Please review the information below and **consider carefully** whom you choose to have access to your medical information, such as scheduling information about an upcoming procedure, inquiries about your insurance or billing information. Please check the applicable ways for us to reach you/leave a message for you. We are unable to speak to any person unless you list them by name on this document.

### Consent:

- Home phone or answering machine/voice (detailed message)
- Cell phone or answering machine/voice (detailed message)
- Office phone or office voice mail (detailed message)
- Spouse (detailed message) Spouse's name: \_\_\_\_\_
- Other person, phone etc. \_\_\_\_\_

OR

### DENIAL:

I \_\_\_\_\_, wish to be contacted personally and **do not** authorize the UCCS HCPCC and PNC to leave detailed messages with any other person or via answering machine/voice mail system.

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You have the option to update and/or change your preferences of how we contact you at any time by completing a new PATIENT CONTACT CONSENT form or otherwise putting your request in writing and submitting it to UCCS HealthCircle Primary Care Clinic and Peak Nutrition Clinic.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature (Patient or Parent/Guardian)

\_\_\_\_\_  
Date