

Patient Label

Authorization for Verbal Communication of Protected Health Information:

The number provided at registration is the **primary** number you give consent for ASCS to contact you and/or leave a message including your appointments, test(s) and biopsy results. List alternate phone number(s) below that you give consent to leave a message.

Phone: _____ (Work, Cell, Home)

Phone: _____ (Work, Cell, Home)

I authorize ASCS to discuss ALL aspects of my protected health information with those individuals listed:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Signature Patient/Other: _____ **Date:** _____

Print Name: _____

Relationship to Patient: _____