
CONSENT TO LEAVE DETAILED MESSAGE/MEDICAL INFORMATION

Kristie B Rosser, APRN, FNP-C, has adopted a **policy that requires her staff to obtain authorization** from the patient to **leave a detailed message** on phone or via email. If there is not a signed consent on file, the staff may only leave the staff member's name, identifying themselves as from Kristie Rosser's office, office name and phone number, and statement of need for patient to return call back to the office.

By completing and signing the consent below, you hereby authorize Kristie and whomever she designates as her staff to call and **leave their name, identify themselves as being from Kristie Rosser's office, and additional information on an answering machine or with a specific individual or by email.** Unless notified in writing, this consent will be effective immediately and **not expire until patient notifies the office in writing withdrawing their consent.**

I _____ **give consent** to Kristie Rosser, and whomever she designates as her office staff, to leave a message regarding treatment, normal test results, medication/ dose adjustments, other necessary information, etc.

Please print phone numbers on line(s):

- _____ 1. On answering machine at home. Phone number: _____
- _____ 2. On cell phone voice mail. Phone number: _____
- _____ 3. On voice mail at work. Phone number: _____
- _____ 4. With specifically identified person: _____
- _____ 5. Message via email: _____

Patient Signature _____ Date _____ Witness Initial _____ Date _____

I do NOT consent to any messages being left on my message machine or email other than staff member's name, identifying themselves as from Kristie Rosser's office, office name and phone number, and statement of need for patient to return call back to the office.

Patient Signature _____ Date _____