Cardiothoracic Surgery Associates

Physician Care℠

How can we reach you?

Phone Message Consent

Your provider or office staff will, at times, need to contact you. By filling out the information below, we will be better able to serve you.

Patient's Full Name: ____

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

- We will NOT leave messages with anyone except the patient or legal guardian,
- We will NOT leave any confidential information on an answering machine,
- We will NOT leave any messages on a voice mail,

UNLESS WE HAVE YOUR WRITTEN PERMISSION TO DO SO

Please read the below and consider carefully whom you authorize to have access to protected information regarding your care.

I, ____ give HealthONE/Cardiothoracic Surgery Associates my permission to speak with and/or leave messages regarding my medical care and/or billing with the person(s) listed below. I fully understand that this consent will remain valid until revoked in writing:

My Home answering machine # ____________________________________ Initials: __________

My Cell Voice Mail #____________________________________ Initials: __________

My Office/Work VM #____________________________________ Initials: __________

Jason Sperling, MD
Cardiothoracic Surgery Associates
1444 S. Potomac Street #300
Aurora, CO 80012
Phone (303) 266-4650
Fax (303) 751-6069