

## PATIENT CONSENT AUTHORIZATION

Please initial which authorization you choose.

I consent to have messages regarding normal test results and/or medications...

\_\_\_\_\_ sent as secure data to Webview

\_\_\_\_\_ left as a recorded message on the "patient results" phone line.

\_\_\_\_\_ left on my voice mail at my home or place of work.

\_\_\_\_\_ left on my voice mail only at my home.

\_\_\_\_\_ left on my voice mail only at my work.

\_\_\_\_\_ I do not consent to have message regarding any test results or medications left on my voicemail either at home or at work.

I consent to have information regarding my healthcare discussed with:

\_\_\_\_\_  
\_\_\_\_\_

(Please list names)

I authorize the following person(s) to pick up written prescriptions and I understand that identification of the person(s) listed will be checked.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(patient's signature)

\_\_\_\_\_  
(date)