



HANSEN
FOOT & ANKLE

NATHAN HANSEN, DPM
PODIATRIC PHYSICIAN & SURGEON
BOARD QUALIFIED FOOT & ANKLE
SURGEON

16708 BOTHELL EVERETT HWY STE 204
MILL CREEK, WASHINGTON 98012

PHONE: (425) 375-2484
FAX: (425) 482-6665
WWW.HANSENFOOT.COM

Consent for Leaving Messages
Consent to Leave Messages/ Share Information with Family/Friends

I understand that my healthcare information at Hansen Foot & Ankle is protected and I have received a copy of their Notice of Privacy Practices.

In order for Hansen Foot & Ankle to leave detailed messages on my voice mail or answering machine, I need to give permission to Hansen Foot & Ankle to do so.

Consent for Leaving Messages (please check all that apply)

- 1. May we leave messages regarding your **Appointment Reminders/Billing Information/and- or Health Care Information for you** (or your child/under the age of 16) on the answering machine, voicemail , or email address you have listed for us?

Home: ____ Yes ____ No **Cell:** ____ Yes ____ No **E-mail:** ____ Yes ____ No

With whom may we leave a message or talk to? (Please check all that apply)

Patient Only ____ Patient and or Spouse/Parent ____ Anyone that answers the phone ____

Contact Preference for Appointment Reminders: (please check one)

Phone: (Hm) _____ **Cell: (Call or Text)** _____ **Email** _____

Patient/ Parent – Please print

Date

Patient/ Parent – Please sign

Copy of: Summary of Notice of Private Practices for your review & records available on request.