



# Telephone Consent Form

Please check an option

I, \_\_\_\_\_, hereby

(Print patients first and last name)

Consent Dr. Susan M. Morrison and staff to able to call via telephone and leave a detailed message/voicemail with my **results** at the following number (s):

Consent Dr. Susan M. Morrison to communicate with me (when applicable) via **Video Conferencing (doxy.me)** to follow up regarding my health and any ongoing treatment.

( \_\_\_\_\_ ) Does this number accept blocked/private calls?  Yes  No

E-mail Address (if applicable): \_\_\_\_\_

Decline. Please do not leave messages.

### Patient Acknowledgement and Agreement:

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communication services more fully described in the appendix to this consent form, associated with the use of the services in communications with the Physician and the Physician's staff. I consent to the conditions and will follow the instructions outlined in the Appendix, as well as any other conditions that the Physician may impose on communications with patients using the services.

I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism of electronic communications, it is possible that communications with the Physician and Physician staff using the services may not be encrypted.

Despite this, I agree to communicate with the Physician or Physician's staff using the services with a full understating of the risk. I acknowledge that either the physician or I may, at any time, withdraw the option of communicating electronically through the services upon providing written notice. Any questions I had have been answered.

I have reviewed and understand all of the risks, conditions and instructions described in this appendix.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_