HOUSTON Methodist ORTHOPEDICS & SPORTS MEDICINE

Preferred Method of Telephone Contact

If we need to contact you regarding test results, referrals, appointments, or other medical or billing information, please indicate below how you wish to be called. **Please check all that apply and indicate below** whether we may discuss your medical and billing information with family members or other individuals.

Home Telephone _____

Cell Phone Number _____

- ❑ Leave **only a call-back name and telephone number** on my answering machine or with any person who answers the telephone.
- ❑ Leave a **detailed message** on my answering machine.
- ❑ **Do not** leave any type of message or call-back information if I am not there.

Work Telephone _____

- ❑ Leave only a **call-back name and telephone number** on my voice mail or with any person who answers the telephone.
- ❑ Leave a **detailed message** on my voice mail or answering machine.
- ❑ **Do not** leave any type of message or call-back information if I am not there.

Discussion of Medical and Billing Information with Family Members and Other

❑ You may also discuss my medical and billing information with my family members and with other individuals I have listed below.

Name	Relationship	Telephone Number (s)

_____ _____

Signature of Patient or Patient's Qualified Personal Representative* Date

* In the event the patient is legally unable to sign, please print the name of the patient's Qualified Personal Representative and the individual's legal authority to act on behalf of the patient.

Printed Name of Qualified Personal Representative: _____

Legal Authority to Act on Behalf of the Patient _____