



**“HOW MAY WE CONTACT YOU”  
(PATIENT INFORMATION RELEASE)**

Patient Name: \_\_\_\_\_ DOB. \_\_\_\_\_ Date: \_\_\_\_\_

Please list any person that health information may be released to on your behalf in any form such as, **phone, fax, in person, in writing, electronically**, etc. Please list these persons and their relation to you.

Email Address: \_\_\_\_\_

NAME	RELATIONSHIP	PHONE
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

**Please check “YES” or “NO” to EACH of the following questions:**

**PLEASE NOTE: TEST RESULTS WILL NOT BE LEFT ON AN ANSWERING SERVICE**

Can Cookeville Regional Medical Group leave a message for your appointment reminder?

Yes    No

Is it O.K. to leave a message that may include personal health information?

Yes    No   At Work - Work Phone \_\_\_\_\_

Yes    No   At Home - Home Phone \_\_\_\_\_

Yes    No   On Cellphone - Cell Phone \_\_\_\_\_

Yes    No   Should we leave a message with a call back number only?

“I consent to receive calls from Cookeville Regional Medical Group, its agents, or assignees, for purposes including, but not limited to, appointment reminders, results communication, and debt collection at the phone number(s) above, including my wireless number provided. I understand I may be charged for such calls by my wireless carrier and that such calls may be generated by an automated dialing system.”

\_\_\_\_\_  
(SIGNATURE OF PATIENT OR PATIENT REPRESENTATIVE)

\_\_\_\_\_  
(DATE)