

HIPAA: Form O

Pacific Hills Surgery Center, LLC
PATIENT CONSENT TO LEAVE A PHONE MESSAGE

I _____ plan to have surgery at Pacific Hills Surgery Center and give consent to leave a detailed message on my phone in the event that I cannot be reached. A message may also be left with a family member in the event that I am unavailable. This may include information given preoperatively and after discharge. I understand that I can return the call between the hours of 6 am and 5 pm Monday thru Thursday and 6 am and 4 pm on Friday if I need to speak to anyone regarding questions or concerns.

*Exception to the above consent (if applicable):

Please do not leave a message with or speak to: _____

Signature: _____ Date: _____