



HIPAA - Patient Consent to Leave Messages

Kansas City Urology Care, PA, in order to comply with the HIPAA Privacy Regulation, requires an authorization from the patient before detailed messages are left for the patient. This policy is to protect the privacy of the patient and to protect the physicians and staff of Kansas City Urology Care, PA from violating the patient’s confidentiality. If there is not a signed consent on file, physicians and staff will only leave their name and telephone number on an answering machine, voicemail or with a live person answering the phone requesting the patient to return the call.

By completing the consent below, you are allowing Kansas City Urology Care, PA physicians and its staff to leave a message on an answering machine, voicemail or with a specified individual. You may specify what information is left and with whom by noting the information on the bottom of this form. By signing, you are also consenting to the mailing or faxing of any results, requested by you, to your primary care physician or another physician involved in your care.

I give my consent to Kansas City Urology Care, PA physicians and staff to leave a message regarding scheduling, treatment, surgery, lab or radiology results, or other information as necessary (check all that apply)

- on an answering machine or voicemail at home or cell phone
- on an answering machine or voicemail at work
- with _____ relationship _____
- with _____ relationship _____

I do not consent to messages being left at home, work or with any other person. I wish to be contacted directly.

_____	_____
Patient’s Name (Please Print)	Date of Birth
_____	_____
Patient’s Signature	Date
_____	_____
Witness	Date

Notes: _____

HIPAA – Notice of Privacy Practice Acknowledgement

- I have been provided a copy of Kansas City Urology Care’s Notice of Privacy Practice.
- I have declined a copy of Kansas City Urology Care’s Notice of Privacy Practice.

_____	_____
Patient Signature	Date