Endocrinology of the Rockies, PC.
Romana Haas, MD

Telephone and Messaging Consent

Frequently, someone at Endocrinology of the Rockies will need to contact you by telephone regarding your health and/or your protected health information. In order to best protect your privacy, as well as provide excellent patient care, we ask that you complete the following consent. This provides us with specific direction as to where we may contact you, ad with whom we may speak to on your behalf regarding health information.

I permit Endocrinology of the Rockies to leave phone messages at the following telephone numbers candor with the following individuals. I acknowledge that only the individuals listed on this form will be able to discuss any issues related to my healthcare with physicians or staff of Endocrinology of the Rockies. I agree that this consent will remain valid until revoked in writing by me or by an authorized designee (i.e., durable power of attorney).

Patient Name: _____ Date of Birth: _____

Contact Numbers	May we leave a detailed message?	Preference (1, 2, or 3)
Home: _____	Y / N	_____
Cell: _____	Y / N	_____
Work: _____	Y / N	_____

To whom may we speak with on your behalf:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

_____ _____
Patient Signature Date

4545 E. 9th Avenue, Suite 245, Denver CO 80220 t. 303.329.7876 f. 303.329.7862