

Cincinnati Urogynecologist Associates

Patient Contact Information

Please Print: _____
Last First Date of Birth

Because we value your right to privacy we would like to determine how to best handle our telephone communications with you. We routinely call our patients for the following reasons: 1) to confirm appointments, 2) with test results 3) to respond to your questions or concerns.

In the event that we attempt to contact you and you are not available, what would you like us to do? **PLEASE CHOOSE ONLY ONE.**

- 1. Leave the information on answering machine or voicemail.

Phone # _____

- Leave the information with:

Name	Relationship	Phone#
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Name	Relationship	Phone#
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OR

- 2. DO NOT leave any information on an answering machine, voicemail, or with another person. Leave you name and number at the number below and I will return the call.

Phone # _____

By signing this form you are letting us know the best way to provide you with your personal health information by phone. If any of this information changes, you are responsible for notifying us in writing. We will be happy to mail you another form to complete.

Signature _____ Date _____