

Authorization for use of Answering Machines

I, _____ (name of patient), authorize Baptist Primary Care to provide detailed information to me via my home and/or work voice mail/answering machine or cell phone voice mail concerning appointment, referral and test information.

In consideration, I release Baptist Primary Care, its subsidiaries and affiliates as well as its agents and employees from and do hereby waive any and all claims that I may now or hereafter have for damages of any kind resulting from the information left on my home and/or work voice mail/answering machine or cell phone voice mail.

I understand that I may revoke this authorization at any time.

Patient (Parent) Signature

Date