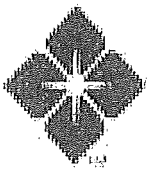

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HERITAGE VALLEY
Health System

CONSENT FOR MESSAGES

Date:_____

In an effort to give you the best patient care, we may need to leave a message at the patient's home concerning test results. Please check below the one(s) that apply specifically to you. This consent does not permit any information concerning HIV testing to be released over the phone. Patients must be scheduled for a follow up appointment at no charge to the patient to receive HIV results.

_____ The office may leave my test results on my answering machine or voicemail.

_____ The office may leave my test results with someone in my family.

_____ State only a specific person who is to receive testing results.

Persons name: _____

Phone number, if different than yours: _____

Relationship to patient: spouse parent son daughter caregiver legal guardian grandparent

significant other other:_____

_____ I prefer that all test results be given only to me. If I am unavailable, please leave a message and I will call you back.

Patient Signature: _____

Witness: _____