

ARIZONA VULVA CLINIC, PLLC
Joseph Brooks, M.D.
300 W. Clarendon Ave., #100
Phoenix, Arizona 85013

In order to protect your privacy we need YOU to give us PERMISSION to leave a MESSAGE on your answering machine at home or at work or permission to share clinical/medical information with others. Please note that our office will not release any medical information for advertising purposes. This includes information requested to anyone calling into our office that does not have their name included on this form.

_____ **NO, I DO NOT wish to have any messages or information left on my answering machine at home or at work. (If you check NO!!!! go to the bottom of the page and sign this form)**

Please circle yes or no to the following questions

HOME

WORK

Yes No it is okay to leave a message regarding an appointment time. Yes No

Yes No it is okay to leave a message regarding tests results Yes No

Yes No it is okay for the billing department to leave a message Yes No

Yes No it is okay to leave a message with my spouse Yes No

You may leave a message or discuss my condition with: _____
Phone number#: _____

PATIENT'S NAME: _____

Signature of Patient

Today's Date