Lynn Gulley, M.D.
Mary Fleming, M.D.
Terri Joliet, M.D.
Genevieve Carnero, M.D.
Heather Pondinas, A.P.R.N.
Whitney Lyon, A.P.R.N.

PHONE MESSAGE CONSENT FORM

Your physician and other staff members will, at times, need to contact you. By filling out the information below, we will be better able to serve you.

Please be aware that by providing your phone number and e-mail address that you are consenting to us leaving messages that may contain personal health information on your voicemail, e-mail or by text.

Cell phone: (_____) _____- _____

Home answering machine/voicemail: (_____) _____ - _____

Office/work voicemail: (_____) _____- _____

I _____ , parent/guardian of

_____ give Southern Indiana Pediatrics my permission to leave phone messages, texts and/or e-mails regarding my child's medical care and test results. I fully understand that this consent will remain in effect until revoked in writing.

_____ _____

Parent/ Legal Guardian Signature Date