Charleston Internal Medicine, Inc
3701 MacCorkle Avenue, SE
Charleston, WV 25304
304-720-2345

Authorization to contact by phone

Patient Name: _____ DOB _____

Please circle the appropriate authorization(s)

Yes	No	I may be contacted by telephone at home when necessary
Yes	No	I may be contacted by telephone at work when necessary
Yes	No	I may be contacted by phone at this emergency number: _____
Yes	No	A message regarding test results, scheduling, billing, or return telephone calls to my physicians may be left on my answering machine/voice mail or can be given to persons at my home who are authorized to answer my telephone.
Yes	No	Patient information or medical records may be faxed to other care providers, hospitals, medical facilities, diagnostic testing facilities, or insurance companies when necessary.

_____ _____

Patient's Signature Date