

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