



## Communication Waiver

Excellent communication is a very important part of providing quality health care. In an effort to provide you with the timeliest information regarding your health care, we ask that you complete this waiver.

We normally contact our patients between 9:00 am and 5:00 pm. During this time, what is the phone number that we should use to contact you?

(\_\_\_\_)\_\_\_\_\_ Home Work or Cell (please circle the location)

If a call is necessary outside of these hours, what is the phone number that we should use to contact you?

(\_\_\_\_)\_\_\_\_\_ Home Work or Cell (please circle the location)

If you are unavailable at the time we contact you, may we leave medical information with another person? If so, please list name of person we can speak to:

Whom: \_\_\_\_\_

If you are unavailable at the time we try to contact you, may we leave medical information on your voicemail at phone numbers provided above?

WORK	YES	NO
HOME	YES	NO
CELLULAR	YES	NO

**\*\*\*PLEASE NOTE: We DO NOT accept any emergency or medical questions by e-mail or fax. These are not monitored for this type of information and may lead to a delay in medical treatment of your problem. Please call 847-823-3185.**

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Name (Please Print)

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Signature

Date