



PHONE MESSAGE CONSENT FORM

I _____ acknowledge and agree that (**Alaska Digestive and Liver Disease**) and any affiliates or vendor thereof, including collection or billing companies, may contact me by email, telephone or text message to any telephonic number or email address I have provided to you, and any other telephone number associated with my account, including wireless or mobile telephone numbers. I further agree that you may use any method of contact to these numbers, such as an Automated Telephone Dialing System (ATDS) or prerecorded message. I also agree that I will notify (**Alaska Digestive and Liver Disease**) if I have given up ownership or control of any such telephone number.

My cell phone: (____) _____ - _____ Approved to leave message: Y/N _____

My home answering machine: (____) _____ - _____ Approved to leave message: Y/N _____

My office/work voice mail: (____) _____ - _____ EXT: _____

Other: (____) _____ - _____ EXT: _____

Other: (____) _____ - _____ EXT: _____

Other: (____) _____ - _____ EXT: _____

Email Address: _____

Patient/Guardian Signature:

Date: