

# Primary Care of Tennessee

11509 Hardin Valley Rd.

Knoxville, TN 37932

Office (865) 200-4101 Fax (865) 200-4039

Diane B. Knights, FNP-BC

## Phone and Medical Information Contact(s)

Our facility requires you to have a working phone number that we may leave a message on if you do not answer. This phone must have a voicemail or answering machine and must be private enough that sensitive information may be relayed on it. You may list contact(s) below that you would like for us to speak to on your behalf about your medical information if you cannot be reached or are unable to speak on the phone due to medical impairments or other reasons. If we call your home and someone other than you or the contacts you list below answers, the only information we will leave is our name, the facility name and our phone number and a message for you to return our call.

We can contact the following person(s) in your behalf about your medical information

Name of Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship: \_\_\_\_\_

You have been made aware of the following notices are available to you – Notice of the Privacy Practices of Protected Health Information and the Notice of Financial Policy. If you would like to take a copy home with you please ask us.

I understand the above phone numbers and answering machines/voicemails WILL be used to leave potentially sensitive medical information and will possibly be used to leave messages concerning results of other medical treatment. I hereby give the above facility consent for the use of these number(s) to call and leave messages concerning all of the above mentioned information. I also give my consent for the above facility to leave my medical information with the names I have listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_