

TELEPHONE APPOINTMENT REMINDER CONSENT

I _____ give Francis G. Rienzo M.D.
Patient Name (Print) Physician Name (Print)

and members of his/her staff working at the location indicated above my permission to call me prior to an appointment to remind me of the appointment date and time. I would also like to be contacted via this method for any of my follow up phone consultations

I would prefer to be called at (check all that apply):

Home _____

Work _____

Cell _____

The best time to contact me is: _____

Yes, this office may leave (check all that apply):

- Voice mail at my Home Voice mail at my Work Voice mail on my Cell
- Messages with people at my Home Messages with people at my Work

I understand that I may withdraw this consent at any time, either verbally or in writing except to the extent that action has been taken on reliance on it. This consent will last while I am being treated for opioid dependence by the physician specified above unless I withdraw my consent during treatment. This consent will expire 365 days after I complete my treatment, unless the physician specified above is otherwise notified by me.

Patient Signature	Date	
Parent/Guardian Signature	Parent/Guardian Name (Print)	Date
Witness Signature	Witness Name (Print)	Date