



Communication Policy

In case of emergency, please notify: _____

In the event that we can't speak directly with you on the phone, we would like to be able to leave messages on your answering machine/voicemail. Please know that we do not leave any medical information on voicemail. In most cases, the purpose of the call is for appointments and scheduling.

I give permission for WPH Outpatient Rehabilitation to leave a message on the following:

Please Check:

_____ Home Phone#: _____

_____ Cell Phone#: _____

_____ Work Phone#: _____

Please indicate below whether we have permission to speak to a family member/friend listed below regarding your appointments.

I give permission for WPH to speak with the person listed below regarding my appointments:

Name: _____ Relation: _____

Patient Name: _____

(Please Print)

Patient/Guardian Signature: _____ Date: _____