



ART FERTILITY PROGRAM OF ALABAMA
2006 Brookwood Medical Center Drive
Suite 508
Birmingham, AL 35209
205-870-9784; 1-800-476-9784
Fax: 205-870-0698

CONSENT TO UTILIZE AUTOMATED VOICE MAIL SYSTEMS
OR ANSWERING MACHINES

Due to your activities, lifestyle and work schedules, as well as our patient visits and clinics, it is often difficult for the nursing staff to be readily accessible for all patient phone calls. Therefore, it may be necessary or convenient to utilize your answering machine, voice mail system or any other automated system to leave results, instructions and responses to your telephone calls. This consent form outlines how we will most effectively communicate with you.

I, _____, understand the necessity of being in (constant) contact with the nursing staff at the ART Fertility Program of Alabama, Honea, Houserman and Long, P.C.

In order to facilitate communication between the nursing staff and myself, I give permission for the nurses to leave detailed messages of a personal and confidential nature on my voice mail, answering system or any other automated system at _____. I will have a greeting that confirms this telephone number is my message system. Messages from the ART Fertility Program may include lab results and cycle instructions. I agree that I will be responsible for picking up these messages daily.

I also understand that I must call during office hours if I need clarification of the message. Current office hours are Monday-Thursday, 8:00 a.m. - 4:00 p.m.; Friday, 8:00 a.m. - 2:00 p.m., Central Time.

I understand if I page the on-call nurse after office hours, she will not have access to my chart and may not be able to answer questions regarding the messages that were left.

Signature

Date

I, _____, do not want detailed messages left on my answering machine.

Signature

Date