



Disclosure of Information

Contact Consent: By providing us with your phone number(s), you give express authorization to be contacted at that number, as well as authorize such contact by our agents and assigns. We may also contact you by sending text messages or emails, using any address you provide. Methods of contact may include using prerecorded/artificial voice messages and/or the use of an automatic dialing device, as applicable. Providing your phone number(s) is not a condition of receiving our services.

Consent for Voicemail: I give my consent for MSD, associated providers and staff to leave specific information regarding my study, treatment or other services provided by MSD on my personal voicemail using the number MSD has on file.

Yes

No

Disclosure of Information: I give Mountain Sleep Diagnostics and their staff permission to share information regarding my medical care with the following individuals:

Patient Name (Printed): _____

Patient's DOB: _____

Patient's Legal Representative Name (Printed):

Relationship to Patient: _____

Use if patient is a minor or you serve as their medical power of attorney

Signature: _____

Date: _____