

# COMMUNICATION CONSENT for KNOWLES PRIMARY CARE

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## ACKNOWLEDGEMENT: Please read and initial the following items

\_\_\_\_\_ Please add Knowles Primary Care (931-837-6963) to your phone contacts.

\_\_\_\_\_ The best way to contact Dr. Knowles is to call the office at 931-837-6963. *Texting and email are not monitored after hours or on holidays.*

\_\_\_\_\_ If you have an after hours emergency, go to the emergency room.

\_\_\_\_\_ If you have an urgent matter after hours, call the office and follow the prompts to contact us. *Do not use texting or email for urgent matters.*

\_\_\_\_\_ "NO SHOWS" HURT OUR BUSINESS! *Please give us the courtesy and respect of remembering and keeping your appointment. If a cancellation is necessary, a 24-hour notice is best, but not required.* Appointment frequency is based on your individual needs: medically and personally. These **Follow Up** appointments are scheduled in advance *with your input*. We provide you with an appointment card and write the appointment information on your receipt. We also provide confirmation texts approximately one week prior to the appointment.

\_\_\_\_\_ Our **text only** number is 931-254-6034. This number is used for texting appointment reminders, and non-emergency communication only. We do not accept calls at this number.

\_\_\_\_\_ I understand that certain types of information cannot be left on a voice mail message or transmitted via email.

## COMMUNICATION CONSENT:

What is the best way to reach you?

\_\_\_\_\_ Home Phone    \_\_\_\_\_ Mobile Phone

**We will text appointment reminders.** If you need a reminder **call** instead, check here: \_\_\_\_\_

Do you have voice mail set up, and do you receive voicemails?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

Is it ok to leave a voicemail?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

Knowles Primary Care does not accept or file insurance for services. Payment is due in full at the time services are rendered. We accept cash, check, and cards. If a card is used, a small percentage is added to the total.

Please sign below that you have read and understand all of the items on this page.

\_\_\_\_\_  
name

\_\_\_\_\_  
date

# CONSENT FORM for KNOWLES PRIMARY CARE

In addition to myself, I also authorize Dr. Robert Knowles or his staff to discuss my health information with the following individuals, upon their request **(please include your emergency contact)**:

*Name*

*Relationship to Patient*

*Phone Number*

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## Consent to Treat

I authorize Dr. Robert Knowles to provide treatment to me within his professional specialty of Internal Medicine. I understand that I have the right to accept or refuse any treatment recommended.

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_