



CONSENT TO SEND FACSIMILES

In accordance with the Federal Communications Commission's Telephone Consumer Protection Act of 1992, Resources On Call® must have the written authorization from your healthcare facility permitting facsimile (fax) communications. By signing in the space provided below, the authorized person is providing the healthcare facility's consent to receive information from Resources On Call® via fax. Resources On Call® does not rent or share fax information with other organizations.

Name of Healthcare Facility: _____

Fax number(s): _____ Date: _____

Authorized signature: _____

Please print name of signer: _____

Thank you for permitting Resources On Call® the opportunity to provide the most expedient information to meet the staffing needs of your healthcare facility.

PLEASE FAX OR MAIL THIS FORM BACK TO RESOURCES ON CALL® .

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