

## Authorization to Contact

### *Appointment Reminders and Health Care Information Authorization*

Susan Murch, or affiliated staff members may use your name, address, phone number, email and clinical records to contact you with appointment reminders, information about treatment alternatives, or other health related information that may be of interest to you. If this contact is made by phone, a message will be left on your voicemail. Thank you cards, appointment reminders, holiday cards, and other correspondence may be sent to your mailing or e-mail address.

Please be aware that you have a right to refuse or limit this contact. You may restrict the individuals or organizations to which your health care information is released. You may also revoke this authorization with us at any time as long as your revocation is in writing and is delivered to Jade Branch Acupuncture & Oriental Medicine. You should also know that if you were required to give your authorization to release health care information as a condition of obtaining insurance, the insurance company may have a right to your health information should they decide to contest any of your claims.

I, _____, authorize you to use or disclose my health information in the manner described above and I am giving authorization for Jade Branch Acupuncture & Oriental Medicine to contact me with the types of information described above.	Date
Patient signature	
Patient's printed name	
Patient's mailing address	
Patient's home address (if different from mailing address)	
Patient's home phone number	
Patient's cell phone number	
Patient's email address	
Patient Representative's signature (if patient is a minor)	Date
Patient representative's printed name	
Representative's relationship to patient/Authorization to act for patient	