

**PERMISSION REGARDING COMMUNICATIONS
FOR AMBULATORY SITES**

I hereby request that the RRH Family & Lifestyle Medicine staff communicate information to me regarding medications and/or appointment reminders relating to _____ (patient's name) by leaving a message on the answering machine/voicemail at the following telephone number: _____ (phone number with area code).

I hereby agree that the RRH Family & Lifestyle Medicine staff may discuss with the following individual(s) information reasonably deemed to be directly related to such individual's involvement in _____ 's (patient's name) health care or payment for that health care:

Verification Code: _____

Name of individual: _____
Telephone Number: _____
Relationship to patient: _____
Date of Request: _____

Name of individual: _____
Telephone Number: _____
Relationship to patient: _____
Date of Request: _____

Name of individual: _____
Telephone Number: _____
Relationship to patient: _____
Date of Request: _____

I understand that I may change the above information at anytime by sending my written request to this office. Any change so requested does not affect any communication previously made in reasonable reliance on this form.

Patient Name

Patient Date of Birth

Patient's Signature

Date

Personal Representative's* Name (Please print) and Signature

Date

Signature of Witness

Date

Relationship of Personal Representative to patient: _____

