



I \_\_\_\_\_ give permission to the healthcare provider and their staff at Renovation Health and Wellness to leave messages regarding my healthcare in the following manner when I am not available:

**(Please mark all that apply)**

\_\_\_\_ May **ONLY** leave information with me. **(If you check here, no other choices should be marked.)**

\_\_\_\_ May leave appointment reminders on my answering machine/voice mail.

\_\_\_\_ May leave appointment reminders with my family.\*

\_\_\_\_ May leave lab results on my answering machine/voice mail.

\_\_\_\_ May leave lab results with my family.\*

\_\_\_\_ May leave general questions/information on my answering machine/voice mail.

\_\_\_\_ May leave general questions/information with my family.\*

\* If any are checked above, please list name of individual we may give information to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_ I prefer that all healthcare messages be given to the following person (family member, guardian, caretaker, or significant other):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I would prefer to be contacted at: \_\_\_\_\_ Home # \_\_\_\_\_

\_\_\_\_\_ Work # \_\_\_\_\_

\_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_\_\_ Other # \_\_\_\_\_

Patient or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_