Care & Counsel, SC

Communication of Health Information Authorization and Appointment Reminders

I, _____ _____ _____
(Patient First Name) *(Patient Last Name)* *(Date of Birth)*
authorize Care & Counsel, SC to contact me regarding my information via the following methods:

Please check the appropriate boxes – checking a box gives us permission to leave health information (ie: test results, appointment reminders, call back requests, etc.)

Ways to Communicate Health Information	Leave Message on Answering Machine or Voicemail	Leave Message with Whomever Answers Phone	Leave Message with or Receive Calls From Specific Person (please list names
Home Phone	☐	☐	☐ _____
Work Phone	☐	☐	☐ _____
Cell Phone	☐	☐	☐ _____
Pager Phone	☐	☐	☐ _____
Fax #	☐ *Check here if approved*	Additional persons whom messages can be left with or whom we can receive calls from: Name:_____ Relationship:_____ Name:_____ Relationship:_____ Name:_____ Relationship:_____ Name:_____ Relationship:_____	
Letter	☐ *Check here if approved*		

Unless otherwise requested, we may remind you of an upcoming appointment or provide other necessary information by letter, folded postcard, a telephone call, a message on your answering machine or voicemail, or a message with the person who answers. Appointment reminders will include the date and time of your appointment, and the therapist you are scheduled to see.

I understand that this will authorize the release of my information in the manner stated above. I understand written notification is necessary to cancel or make revisions to this request.

_____ _____ _____
(Signature of Patient or Personal Representative) *(Relationship)* *(Date)*

*Personal Representative means the parent, guardian or legal custodian of a minor patient, guardian of a patient adjudged incompetent, spouse of a deceased patient, healthcare power of attorney when the individual has been found incapacitated, or any person authorized in writing by the patient.

Date of Review Patient Initials Staff Initials

_____
_____
_____

Reviewed By:

_____

Date:

_____