Reneu Health & Medispa
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Oconomowoc, WI 53066
262-560-1920
www.reneuhealth.com

Communication of Health Information Authorization and Appointment Reminder

I, _____ (Patient First Name), _____ (Patient Last Name), _____ (Date of Birth) authorize

_____ (Name of Facility) contact me regarding my information via the following methods:

Please check the appropriate shaded boxes – checking a box gives us permission to leave health information (i.e.: test results, procedure results, 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 name)*
Home Phone	☐	☐	☐ _____
Work Phone	☐	☐	☐ _____
Cell Phone	☐	☐	☐ _____

Letter	☐ 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: _____ Name: _____ Relationship: _____
Fax _____	☐ Check here if approved	

Unless otherwise requested, we may remind you of an upcoming appointment 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, the provider you are scheduled to see, and the medical center location.

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: _____

Entered in EHR

Date _____

Initials _____