RENEW HEALTH Wendy Walker, D.C. * Mark Dennis, D.C. * Sierra Landry, PA-C * Eddie Cerday, M.D.

PATIENT HEALTH INFORMATION CONSENT

We may need to contact you regarding your care.

This is to acknowledge that you authorize Renew Health, PLLC to (***Check ALL that Apply):***

☐ Leave a detailed message on voice mail/machine

☐ Leave a call back person name and call back number only on voice mail/machine

☐ Call my workplace phone number and leave a call back number only for patient/guardian

☐ Call my workplace phone and ask for the patient/guardian directly

☐ Email (if office available) call back person name and call back number only

☐ Text (if office available) call back person name and call back number only

Authorization to release/disclose patients' PHI (personal health information)

List individual(s) or family members who have permission to obtain information about your care:

Name: _____ Relationship to patient:_____

Name: _____ Relationship to patient:_____

Name: _____ Relationship to patient:_____

Signature of Patient/Guardian:_____ Date: _____/_____/_____

Please note that it is your responsibility to inform us in writing if this information changes