

Contact Information Consent

I consent for the following information to be released: (please initial)

_____ appointment dates and times

_____ brief messages regarding care

_____ none of the above

I consent for the above information to be released to:

(Name)

(Relationship)

(Name)

(Relationship)

(Name)

(Relationship)

I consent that messages regarding the above information can be left: (please initial)

_____ at home phone

_____ at cell phone

_____ at work phone

_____ via email

other _____

_____ I do not wish messages to be left

Client Name (please print)

Client Signature