

PATIENT CONTACT SHEET

I hereby authorize and give consent to Rehab and Sports Medicine of the Shoals, Inc. to leave voice messages at the following:

Home Yes/No Work Yes/No Cell Yes/No

Regarding:

Appointment Reminders

Prescription Refills

Test Results

Medical Information (including returned telephone calls)

I hereby authorize and give my consent to Rehab and Sports Medicine of the Shoals, Inc. to communicate any of my Protected Health Information to the following person(s):

Name

Relationship

Patient Signature

Date