

COMMUNICATION CONSENT
Gilroy Family Chiropractic Center
364 South Walnut St. Bath, PA 18014

It is the office policy of Gilroy Family Chiropractic Center not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, cell phone and/or email. Whenever returning telephone calls and the answering machine picks up, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence.

I authorize the staff of Gilroy Family Chiropractic Center to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes:

- Home Telephone/VM _____ Yes ___ No
- Work Telephone/VM _____ Yes ___ No
- Cell Phone/VM _____ Yes ___ No
- Email _____ Yes ___ No
- Fax Medical records for referrals
to another entity _____ Yes ___ No

If you would like to have information released to someone other than yourself please complete the following:

Please list names of authorized people:

- Spouse _____ Yes ___ No
- Parent _____ Yes ___ No
- Other names (Please list relationship) _____ Yes ___ No

Patient or Guardian Signature: _____

Date: _____