Integrative Family Medicine of Bend

Communication Preferences

May we leave you detailed messages with health information on voicemail?

○ Yes ○ No

May we leave you detailed messages about billing on voicemail?

○ Yes ○ No

Is there anyone that you would like us to give permission to speak with regarding your health care and scheduling appointments?

	Name	Relationship to patient	Phone
1			

Do you have a legal representative, guardian, power of attorney, etc?

Name	Relationship to patient	Phone

By signing below, I acknowledge that this document will remain in effect until I authorize it to be changed or revoked in writing which can be done at any time.

Signature

Date