



MASSAGE & BODYWORK

In Touch  
Well-Being

## Appointment Reminders and Health Care Information Authorization

At times our office may need to contact you with appointment reminders, information about treatment or other health related information. By signing below, you are giving us authorization to contact you with these reminders/information and understand that...

*(Please place a line through any method that you refuse to be contacted by and initial.)*

I may be contacted by:            phone at home or work, mobile phone, e-mail, or postcard.  
Messages may be left:            on answering machine/voicemail at home, work, and on mobile phone.  
   Or with individuals answering my phone at home, or work.

You have the right to refuse any part of this authorization without affecting your treatment. You may inspect or copy the information that we use to contact you to provide appointment reminders, information about treatment, or other health related information at any time.

I authorize the use or disclosure of my health information as described above. This notice is effective as of the date below and expires seven years from the date I last received services in this office.

\_\_\_\_\_  
Client name printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature