

COMMUNICATION CONSENT

**New River Family Wellness, PLLC
420 East Second Street, West Jefferson, NC 28694**

It is the policy of the PRACTICE not to release confidential and/or unauthorized information by any means. 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. Also, information beyond our identification and return contact numbers will not be left with an answering machine.

I authorize the PRACTICE to contact me and leave contact information messages at the following numbers:

PLEASE PROVIDE THE APPROPRIATE NUMBERS IN THE SPACES BELOW, AND CHECK THE PRIMARY CONTACT NUMBER.

- Home: _____
- Work: _____
- Cell: _____

If you would like to have information released to someone other than yourself, please complete the following:
Please List the names of authorized people:

Spouse

Parent

Parent

Other names (please list relationship, such as boyfriend/girlfriend, fiancé, sister, etc.):

Name

Relationship

Name

Relationship

Name

Relationship

Signature of Member

Name of Member (printed)