

# OLYMPUS CLINIC

4624 HOLLADAY BOULEVARD

SLC, UT 84117

PHONE (801) 277-2682

## AUTHORIZATION TO LEAVE PERSONAL HEALTH & BILLING INFORMATION BY ALTERNATE MEANS

Date: \_\_\_\_\_

We want to stay in touch with you regarding your account, concerning your medical information as well as your billing information. By signing this form you are authorizing us to contact you through the following selected communication options:

(Please check all that apply)

May leave detailed message on voicemail at home phone #: (\_\_\_\_\_)\_\_\_\_\_

May leave detailed message on voicemail at work phone #: (\_\_\_\_\_)\_\_\_\_\_

May leave detailed message on voicemail at cell phone #: (\_\_\_\_\_)\_\_\_\_\_

May leave information with spouse: \_\_\_\_\_  
Spouse's Name

May leave information with other family member:

\_\_\_\_\_  
Family Member's Name

\_\_\_\_\_  
Relationship to Patient

With my signature below, I acknowledge and understand that this form will be kept in my medical record and the above parameter will be abided by until revoked by me in writing. It is my responsibility to notify my healthcare provider should I change one or more of the telephone numbers listed above.

\_\_\_\_\_  
Patient's Name (Please Print)

\_\_\_\_\_  
Patient's DOB

\_\_\_\_\_  
Signature of Patient or Patient's Legal Guardian

\_\_\_\_\_  
Relationship to Patient