YUCHA
MEDICAL PAIN MANAGEMENT & CHIROPRACTIC REHABILITATION

Due to the **HIPAA Compliance Privacy Laws of the federal government,** it is mandatory that we ask you to review and answer the following questions:

Name:_____ Home Phone:_____ Cell:_____

May we leave messages/detailed medical information on voicemail at either of these phone numbers:

Home: Yes_____ No_____   Cell: Yes_____ No_____

May we contact you at work: Yes_____ No_____ Work Number:_____

May we leave a message for you at work: Yes_____ No_____

Do you authorize us to discuss your personal health information with any particular person (family or otherwise):

This could include general, imaging or billing information: Yes_____ No_____

If yes, please complete:

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

I hereby authorize Yucha Medical Pain Management & Chiropractic Rehab physicians and staff to obtain or release any and all pertinent information regarding my medical care, as needed, to assist in my ongoing treatment to or from any other health care providers, laboratories, imaging facilities, or other institutions.

THIS AUTHORIZATION REMAINS IN EFFECT UNTIL REVOKED

I have reviewed the aforementioned information and provide my consent regarding any and all issues as stated above. I have reviewed the Yucha Medical Pain Management & Chiropractic Rehab HIPAA PRIVACY POLICY. A copy of the policy will be provided to me upon request.

Patient Signature:_____ Date:_____

If not signed by patient, relationship to patient:_____

Witnessed by:_____

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Authorization to Receive Automatic Appointment Reminders

Complete this form and sign below to give Yucha Medical Pain Management & Chiropractic Rehabilitation permission to send automatic appointment reminders by email or cell phone text message.

Patient Name: _____

Mark all that apply:

_____   **Text Message Option**

Yucha Medical Pain Management & Chiropractic Rehabilitation may send cell phone text messages to confirm my upcoming appointment/s. Text messages should be sent to:

_____

(text messaging rates may apply)

_____   **Email Option**

Yucha Medical Pain Management & Chiropractic Rehabilitation may send emails to confirm my up coming appointment/s. Emails should be sent to:

_____

_____   **OPT OUT**

Do not send me appointment reminders

_____   _____
            Signature   Date