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Preferred Communication Contact & Authorization

Due to the new regulations created by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Law, we need your authorization to release medical information and leave detailed messages with other family members, on your answering machine/voicemail, by email or text.

YES I consent for An Optimal You to release, leave, or send detailed medical information as stated above.

NO I **DO NOT** consent for An Optimal You to leave or send detailed medical information as stated above. The following are the instructions for releasing, leaving, or sending medical information messages:

1st Preferred Contact No.: () _____ - _____ Home Phone No. Cell Phone No.

2nd Preferred Contact No.: () _____ - _____ Home Phone No. Cell Phone No.

Email Address: _____

Preferred method and order of priority for An Optimal You to contact you:

Home Phone No. ____ Cell Phone No. ____ Email ____ Text Message ____

I have read and understood An Optimal You’s Office Policies and received a copy. I have also received a copy of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Law. In addition, I consent to receive calls, emails, or texts from An Optimal You’s office for my protected healthcare and other services at the phone number(s) and email address listed above, including the number provided for my cell (wireless) phone. I understand messages and data rates may apply from such calls, texts, or data by my wireless carrier and that an automated dialing system may generate such calls, emails, or texts.

Please Print Patient’s Name: _____ DOB: _____

Please sign: _____ Date: _____