Receipt of Notice of Privacy Practices

ALTERNATE COMMUNICATION REQUEST FORM

Patient Name ______________________________ Date of Birth ____/____/_____
(Print full name)

I wish to be contacted in the following manner (check all that apply):
By home, cell or work phone listed in my registration as below.

Home-	Cell-	Work		Other_______________________
___	___	___	O.K. to leave message on voicemail	_______________________
___	___	___	O.K. to leave message with individual	_______________________
___	___	___	Leave message with call-back number only	_______________________
___	___	___	Do not leave a message	_______________________

Written Communication
___ O.K. to mail to my home address ____ O.K to fax to this number______________
___ O.K. to email the email address listed on my registration

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I, _____________________ give permission to the following individuals to obtain the
(Patient name or Responsible party)
indicated information:

___________________whose relationship to me is ____________ Phone (___) ___-_______.
(name of person)

___________________whose relationship to me is ____________ Phone (___) ___-_______.
(name of person)

___________________whose relationship to me is ____________ Phone (___) ___-_______.
(name of person)

______ Set up or cancel appointments on my behalf.
____ Test results on my behalf.
____Speak to the doctor/staff in person or by telephone on my behalf.
____ Refill supplements on my behalf.

Effective Date ___________ Expires ___________________ Revoked ___________

It is the responsibility of the patient to notify the physician's office if there is a change in this information.

By signing this waiver, I release the physician and staff therein, from liability for release of information pertaining to my medical care as designated above. I further acknowledge that I have received a copy of the physician's Notice of Privacy Practices.
Effective date of the notice: 01/01/2010.

Terry L. Henderson D.C.

Douglas P. Krift D.C.
1467 S Ft. Thomas Ave.
Fort Thomas, KY 41075

Philip A. Ryan IV D.C.