

Dr. W. David Christenbery or their representatives have my permission to discuss my appointment information, health information, or financial issues with the following persons:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_ It is okay to leave a message on my cell phone at  
Initials  
( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_ It is okay to leave messages at my home.  
initials

\_\_\_\_ It is okay to email me at \_\_\_\_\_  
initials

Print Patient Name \_\_\_\_\_

\_\_\_\_\_  
**Signature of Patient or parent if minor**

\_\_\_\_\_  
**Date**