



## Communication of Health Information Preferences

I hereby give Healthy by Mankato Integrative Medicine, LLC, its employees and any provider of services referred to an outside facility such as but not limited to pharmacy, diagnostic testing and specialist care the permission to disclose and discuss any information related by my medical care with the following person(s):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Numbers(s) \_\_\_\_\_

Communication is defined as verbal or in person or telephone or written as in health care documents or email. This authorization is indefinite unless otherwise revoked either in verbal communication with Healthy by Nature or in writing.

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

### **Mankato Integrative Medicine, LLC**

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