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## Communication of Health Information Authorization and Appointment Reminder

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

I \_\_\_\_\_ authorize Alliance ENT & Hearing  
First Name Middle Initial Last Name

Center, S.C. to contact me via the following methods.

**Please Check the appropriate Boxes - checking a box gives us permission to leave health information (i.e. test results, prescription refills, appointment and billing information).**

Ways to Communicate Health Information	Leave message on Answering machine	Leave message with any person who answers the phone
Home Phone: ( ) _____ - _____	Yes _____ No _____	Yes _____ No _____
Work Phone: ( ) _____ - _____	Yes _____ No _____	Yes _____ No _____
Cell Phone: ( ) _____ - _____	Yes _____ No _____	Yes _____ No _____
Fax Number: ( ) _____ - _____ Yes _____ No _____	By Letter: Yes _____ No _____ Address: _____ _____ _____	

Unless otherwise requested, we may remind you of an upcoming appointment by letter, a telephone call, a message on your answering machine or voicemail, or a message with the person who answers your telephone. Appointment reminders will include date and time of your appointment, the provider you are scheduled to see and the medical center location. I understand that this will also authorize the release of my information according to the manner stated above.

**I understand a written notification is necessary to cancel this request.**

\_\_\_\_\_  
Signature of Patient or personal representative

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Date

Note: Personal representative means the parent, guardian or legal custodian of minor patient or adult patient. If you have Durable Power of Attorney, documentation is required before release of information.