

Lehigh Valley Wellness Center
Louise Diehl, RN,CRNP
Telephone Contact Release Form

I understand that it is important that Lehigh Valley Wellness Center be able to contact me via telephone in order to confirm appointments and review test results.

I, _____, do hereby authorize Lehigh Valley Wellness Center to call my home to confirm, reschedule or cancel appointments and to release results of testing such as blood work, diagnostic studies, and x-rays, etc.

In my absence, I authorize the above information to be released to the following:

Husband Name: _____

Wife Name: _____

Daughter Name: _____

Son Name: _____

Other Name: _____

Answering Machine

This authorization will remain in effect for the term of one year. I understand that should I decide to revoke this authorization prior to its expiration, I must do so in writing.

Signature: _____ Date: _____