

**PERLIS WELLNESS CENTER**

81 E. Scranton Ave  
Lake Bluff, IL 60044  
847-295-5997

**Patient Privacy Information Authorization**

The following person(s) can inquire about, pick up records, prescriptions, and take messages regarding my health information, etc.... (please include any physicians, relatives, friends, employers that you are allowing to take part in caring for your health):

- 1. \_\_\_\_\_ Relationship \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship \_\_\_\_\_
- 3. \_\_\_\_\_ Relationship \_\_\_\_\_
- 4. \_\_\_\_\_ Relationship \_\_\_\_\_

**Please provide the following information for our files: Please print carefully**

Home telephone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**In case of an emergency, whom can we contact?**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**If you are not available at the time of our call, may we:**

Disclose medical information on answering machine? **YES NO**

Disclose medical information on cell phone? **YES NO**

Leave appointment information on answering machine? **YES NO**

**It is the responsibility of you, the patient, to contact us with any changes to the above information, in writing.**

\_\_\_\_\_  
Signature of patient or parent/guardian

\_\_\_\_\_  
Today's date

