



Personal Health Information Release / Emergency Contacts:

Name: _____

Relationship: _____

Home Phone #: _____

Cell Phone #: _____

Is this person able to receive your Personal Health Information? Yes No

Name: _____

Relationship: _____

Home Phone #: _____

Cell Phone #: _____

Is this person able to receive your Personal Health Information? Yes No

What is your preferred contact number for appointment reminders and messages?

Preferred Phone#: _____

What is your preferred time of day for appointment reminders and messages?

Morning Afternoon Evening

I, _____, do hereby acknowledge receipt of a copy of the Notice of Privacy Practices, Policies, and Procedures.

Patient Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

701 White Pond Drive
Suite 300
Akron, OH 44320
P: (330) 572-1011
F: (330) 572-1018

4774 Munson St. NW
Suite 100
Canton, OH 44718
P: (330) 494-8424
F: (330) 494-8174

1700 Boettler Road
Suite 250
Uniontown, OH 44685
P: (330) 899-5730
F: (330) 899-0522

5655 Hudson Drive
Suite 110
Hudson, OH 44236
P: (330) 342-4020
F: (330) 342-4040

6847 N Chestnut St
Suite 330
Ravenna, OH 44266
P: (330) 296-8048
F: (330) 296-8208