



**COMPLETE CARE CHIROPRACTIC**

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[www.comcarechiro.com](http://www.comcarechiro.com)

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**Message Release Form**

*Only complete the lines of the preferred methods of communication-*

Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

I, \_\_\_\_\_, consent to Complete Care Chiropractic leaving me messages on any of the above phone numbers and/or emails regarding: *(check one)*

- \_\_\_\_\_ Appointment times (missed, rescheduled, cancellations, and upcoming)
- \_\_\_\_\_ Diagnosis, imaging or test results
- \_\_\_\_\_ Any and all information

*You may check one of the following if you wish:*

\_\_\_\_\_ I consent to allow any family/spouse access to my medical and/or account information.

\_\_\_\_\_ I consent to allow the following individual(s) access to my medical and/or account information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that this authorization is continuous and may be withdrawn or modified at anytime at my request.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date