OpenMind Medicine
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Communication Consent

In order to optimize your healthcare, it is sometimes beneficial for me to communicate with other members of your healthcare team or your family. Your privacy is very important, however, and your permission is required before this may take place.

I give Dr. Krista Tricarico permission to discuss my health issues and treatment with the following individual(s):

- ____ _______
- ____ _______
- ____ _______

Please initial after each name and sign below.

Patient Name (please print):____

____ __________________
Signature of Patient (or Guardian) Date