

**Open Mind Medicine
Krista Tricarico, ND**

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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 next to each name and sign below.

Patient Name (please print): _____

Signature of Patient or Guardian

Date