

BHRT & Integrative Wellness, LLC,  
Christine Kallander MSN, ANP, Member  
POB 771071, Eagle River, AK. 99577  
Phone (907) 622-2478 Fax (907) 622-2479

**PRIVATE HEALTH INFORMATION (PHI) COMMUNICATION/RESTRICTION SUMMARY**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_, the above referenced patient or the guarantor for the above referenced patient request the following guidelines regarding the release of confidential medical information.

**ORAL COMMUNICATIONS are limited to:**

- Home ( ) \_\_\_\_\_
- Work ( ) \_\_\_\_\_
- Cell ( ) \_\_\_\_\_
- Other ( ) \_\_\_\_\_

May we leave a message by phone or email?	Yes	No
May we leave a number to call back by phone or email?	Yes	No
May we leave an appointment reminder by phone or email?	Yes	No

**WRITTEN COMMUNICATIONS are limited to:**

- Home \_\_\_\_\_
- Work \_\_\_\_\_
- Other \_\_\_\_\_

**ELECTRONIC COMMUNICATIONS are limited to:**

- Email \_\_\_\_\_
- Video Conferencing via Telemedicine HIPPA compliant platform. \_\_\_\_\_  
Initial

**PHI AUTHORIZATIONS are limited to:**

Account or appointment information may be released to the following person (s):

- \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
- \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*These instructions will expire when revoked in writing by the patient.\*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_