

**Integrated Health Concepts  
Authorization to Release Protected Health Information  
And Policy Acknowledgement**

**Person's Authorized to Receive Information:**

Name and Number: \_\_\_\_\_ Name and Number: \_\_\_\_\_

Name and Number: \_\_\_\_\_ Name and Number: \_\_\_\_\_

May we communicate information pertaining to your healthcare via the following:

**Voicemail: Y/N      Mail: Y/N      Email : Y/N      email :** \_\_\_\_\_

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**Lab Policy**

It is Integrated Health Concepts policy that we DO NOT review lab results over the telephone. In the event that labs are drawn there will be an appointment made for the patient to come in and go over the results with Dr. Schrenker. However, if there is a need to address an issue before the appointment every attempt will be made to contact the patient. **Initial:** \_\_\_\_\_

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**No Show and Cancellation Policy:**

IHC is dedicated to the treatment of the whole patient, not just the illness. When appointments are scheduled, we set aside time and professional resources to meet the individual needs of our patients. When a patient fails to show up for an appointment or cancel, our valuable resources are idle. However, we understand that there are occasions when a patient must miss an appointment due to unforeseen circumstances beyond his/her control. **In this event, we ask that you contact our office and cancel the appointment within 24 hours of the scheduled visit.** This courtesy allows my office staff to schedule another patient who is in need of medical care. After THREE no shows in one calendar year, we reserve the right to dismiss you from the practice.

**Initial:** \_\_\_\_\_

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**Communicating with your Physician:**

Your IHC Physician care team can be reached either by telephone or electronically through our patient portal. If you wish to communicate electronically, please register with the front office staff. We strongly encourage portal adoption as an easier means to communicate directly with your provider. Please remember, electronic communication is for routine matters and should never be used for convenience. It **IS NOT** appropriate to communicate with your health care team through social media, such as Facebook, personal email, or texting. Your privacy is important to us and these are not secure methods of communication. Any questions or concerns should be directed to the patient portal or during normal business hours. **Initial:** \_\_\_\_\_

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**Prescription Refills**

To avoid delays and busy phone lines, the best time to obtain your medication refill is at your office visit. However, we realize there may be a need for a request at a later date. The preferred method for these refills are via the pharmacy or patient portal. If you leave a phone message, do not leave multiple messages. Please allow up to 48 hours for the refill to be processed. **Initial:** \_\_\_\_\_

