Family First Physicians
2345 E Southern Ave, Suite 101
Mesa, AZ 85204
P: 480-893-2345 l F: 480-926-0495

Family First Physicians Patient Release and Communication

Patient Name: _____ Date of Birth: _____

There are occasions when Family First Physicians may have to contact you to discuss Confidential Protected Health Information. Please let us know how you would like to get this information to you:

____ Okay to call my home/cell phone and leave a message on the answering machine regarding my Personal Health Information

____ Okay to call my home but DO NOT leave a message

____ Do not call my home number but call this number (___)_____

____ Okay to email reminders to: _____

____ Okay to email reminders if unable to reach by phone

Who may receive information regarding your Protected Health Information that you allow Family First Physicians to speak with?

____ Spouse – Name: _____

____ Children – Name(s): _____

____ Parents – Name(s): _____

____ Significant Other – Name: _____

____ Friend – Name(s): _____

I have received a copy of Notice of Privacy Practices from Family First Physicians, PLLC, and authorize the above list of persons' who many receive information regarding my Protected Health Information. I may revoke this any time by giving written notification to **Family First Physicians, PLLC**.

_____ _____ _____
Name Signature Date