



2345 E. Southern Ave. Ste 101
Mesa, Az 85204
Tel: (480) 893-2345
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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 may receive information regarding my Protected Health Information. I may revoke this any time by giving written notification to **Family First Physicians, PLLC**.

Patient/Guardian Signature

Date