



5030 S Mill Ave, Ste D-12 Tempe, AZ 85282  
P 480-894-2823 | F 480-756-6663  
www.pagefamilyhealthandwellness.com

## PRIVACY PRACTICES AND INSTRUCTIONS FOR DISCUSSING PERSONAL HEALTH INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Notice of Privacy Practice and Patient Rights:

I acknowledge receipt of Page Family Health & Wellness Notice of Privacy Practices and Patient Rights

### I authorize the release of my personal health information to the following individuals:

Name:

Relation to Patient:

\_\_\_\_\_  
\_\_\_\_\_

### The above-mentioned individual is granted access to the below selected categories of my Electronic Health Record:

ENTIRE RECORD     ALL TEST RESULTS     APPOINTMENTS     MEDICATIONS     BILLING

OTHER: \_\_\_\_\_

### I give Page Family Health & Wellness permission to communicate messages regarding appointments, referrals, and test results as follows:

- You may leave messages on my voicemail
- You may leave messages with \_\_\_\_\_
- Other (please specify): \_\_\_\_\_
- I give permission for medical records to be mailed to my home if requested by phone or fax.

***By signing I am allowing these methods of communication, any changes to this information will be made in writing to Page Family Health & Wellness.***

Patients Name (Please Print)

Patient or Legal Guardian Signature

Date