

Personalized HealthCare of Tucson

COMMUNICATION PREFERENCES & MESSAGE AGREEMENT

5210 E Farness Drive
Tucson, AZ 85712

P: (520) 795-4100

F: (520) 795-4224

First Name	Last Name	DOB	
Address		City	State Zip

HIPAA Regulations give patients the right to request that Health Care Providers communicate with them through alternative methods of communication or locations. To facilitate your rights, and to ensure we can contact you to communicate appointments, test results, billing or other important medical information that may contain your protected health information, please check all options that apply:

- You may call my home phone and leave a message (_____-_____-_____))
- You may leave a message with anyone answering my home phone (_____-_____-_____))
- You may leave a message on my cell phone (_____-_____-_____))
- You may send text messages to me at (_____-_____-_____))
- You may leave a voice message on my work voice mail (_____-_____-_____))
- You may communicate with me via my email address (_____)
- You may send written communication to me at the following address:

Please list other special communication directives and list the names of people that we may release the above information to:

I hereby release and hold harmless "Personalized HealthCare of Tucson", (PHC), and its staff or agents from any liability that may arise from the release of information as authorized above. I understand it is my responsibility to notify PHC in writing of any changes in the preferences I have indicated above. I understand that I may revoke this consent in writing at any time. I understand this consent form is valid unless revoked in writing.

Printed Name of Patient or Guardian _____ Signature of Patient or Guardian _____ Date ____/____/____