Primary Care Physicians of Gainesville
3780 NW 83rd Street
Gainesville, FL 32606

Request for Confidential Communication of Protected Health Information

_____ _____ _____
Patient Name (Please Print or Type) DOB Date
has requested confidential communication of Protected Health Information.

Designated Method of Contacting the Patient

Communications with the patient named above should be directed to:

_____
Mailing Name

_____
Street Address

_____
City Sate Zip Code

_____ _____
Telephone Number & Extension Alternative Phone Number & Extension

The following persons may receive and discuss information regarding my health care:

_____ _____
Name Phone number
_____ _____
Name Phone number
_____ _____
Name Phone number

The following phone numbers are ok to leave messages regarding my health care:

_____ _____
Phone Number & Extension Phone Number & Extension

_____ _____
Phone Number & Extension Phone Number & Extension

The following phone numbers are ok to leave test results at:

_____ _____
Phone Number & Extension Phone Number & Extension

_____ _____
Phone Number & Extension Phone Number & Extension

What is your preferred pharmacy where you want your prescriptions called in to: _____

_____
Signature