



## Notice of Privacy Practices

*Please Tell Us How to Contact You to Discuss Your Medical Care*

It is our policy not to release a patient's confidential and/or unauthorized information by telephone or voice mail except for appointment confirmation. Whenever returning phone calls, we do not leave a message in voice mail if the name or telephone number is not on the recorded message to identify the residence. Information will not be left with an unauthorized person who may answer the telephone. If you would like to have information released to someone other than yourself, please complete the following:

I authorize First Medical Care, Inc. to leave medical information pertaining to my care by the following methods and will assume responsibility to notify the Practice, in writing, whenever this information changes.

Home telephone:  Yes  No

Cell phone:  Yes  No

Voice mail/Answering machine:  Yes  No

Work telephone:  Yes  No

Pager:  Yes  No

May we fax medical records for referrals?  Yes  No

Please list names of people with whom we can discuss your medical care:

Spouse's name: \_\_\_\_\_

Parent name: \_\_\_\_\_

Other name(s) and relationship: \_\_\_\_\_

---

Please list a unique identifier as a way to confirm your identity when calling the office. This unique identifier must be given before any information can be disclosed.

Unique identifier: \_\_\_\_\_

(The last four numbers of your social security number or mother's maiden name are recommended.)