



Family Practice Center, Inc
365 S Crownhill Rd
Orrville, OH 44667
(330) 682-3075

Patients' Request to Receive Confidential Communications of Protected Health Information

Patient Name: _____

Date of Birth: _____

May we leave a message at your home with other residents? Yes No

May we leave messages on your answering machine/voicemail? Yes No

Who may we speak with regarding your medical concerns? _____

Relationship: _____

Phone: _____

Is this contact for emergency purposes only? Yes No

Patient Signature

Date