

Colorado Primary Health Care Patient's Authorized Contacts

Patient's Name (please print) _____

Today's Date _____ Patient's Birthdate _____

Who Can CPHC Contact Regarding Your Care and Billing?

Contact persons with whom we may discuss your care, give test results and account and billing information:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

May we leave confidential information on voicemail or answering machines listed below?

Home Phone _____ Yes No

Work Phone _____ Yes No

Cell Phone _____ Yes No

Patient Signature: _____

Date: _____