

**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: \_\_\_\_\_