Desert Rose Medical Consultants, P.C.
10320 W. McDowell Rd, N1445
Avondale, AZ 85392

Phone : (623) 547-2100
Fax : (623) 547-3005

Patient Communication

Patient Name:________________________________ Date of Birth______________

We must call on occasions to discuss confidential protected health information. Below is a list of ways for us to communicate this information with you. Please check how you would like us to get this information to you:

	Okay to call my home and leave a message.
	Call my home phone but do not leave messages.
	Call me on my cell phone. Leave a message? ______Yes______No
	Cell Ph # ( ) ___________ - __________________
	Do not speak to family members.

I give permission only to the following individuals listed below to receive protected health information:

____
____
____
____

____
Signature **Date**

Desert Rose Medical Consultants, P.C.
Insurance Coverage Waiver

I understand that if my eligibility for coverage by the stated Insurance cannot be confirmed at this time. I still wish to receive medical services from Desert Rose Medical Consultants, PC. If it is determined that I am not eligible for coverage, I understand that I will be responsible for payment of all services provided.

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Signature of Patient/ Legal Guardian **Date**

Desert Rose Medical Consultants, P.C.
Acknowledgement of Notice of Privacy Practices

I acknowledge receipt of Desert Rose Medical Consultants, P.C. Notice of Privacy Practices

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Signature **Date**