



7312 E. Deer Valley Road, Suite 100 • Scottsdale, Arizona 85255
Phone: (480) 454-4185 • Fax: (480) 745 2420

CONSENT TO COMMUNICATE HEALTH INFORMATION

As a patient, you may designate a partner, family member, friend, or other persons with who Apex Physicians can communicate about your health care status. This form is not required in all circumstances for your doctor or others at Apex Physicians to be able to communicate with your family about your health care. However, by designating on this form certain individuals who you want to be informed about your care, you can ensure that your provider can communicate without delay with the person(s) you designate below.

I, _____ hereby consent to have my health information and care discussed with the following:

Name	Relationship	Phone number
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Name	Relationship	Phone number
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Name	Relationship	Phone number
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I understand that this consent can be revoked by submitting a written request to Apex Physicians. I understand that I have the right to revoke this consent in writing at any time except to the extent that action has already been taken in reliance on it. This consent shall remain in effect until such time as I revoke it in writing.

By signing below I indicate that I have read and understood the policy described above.

Signature of Patient or Legal Surrogate	Date	Time
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Printed Name of Patient or Legal Surrogate	Relationship (if Legal Surrogate)
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