



**Patient Privacy**

I acknowledge Premier Cardiovascular Centers Notice of Privacy Practices:

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**May we leave phones messages (please circle one):**

**Yes                  No**

**Preferred Contact Method: [ ] Voicemail      [ ] Text Message      [ ] Email**

**Home phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Email address** \_\_\_\_\_

**I would like to enroll in the Patient Portal (circle yes or no):**

**Yes                  No**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Or Personal Representative Signature

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient:

\_\_\_\_\_

*If you would like any person(s) to be able to communicate with the Premier Cardiovascular Center about your care, please include their name below. You may add or subtract any person at any time.*

You may discuss my care with the following person(s):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

PCC Casa Grande	803 N Salk Drive	Casa Grande, AZ 85122	520-836-6682	Fax: 520-836-6703
PCC Chandler	77 S Dobson Rd	Chandler, AZ 85224	480-814-0266	Fax: 480-814-0018
PCC Maricopa	21300 N John Wayne Pkwy Unit 116 Building 7	Maricopa, AZ 85139	520-836-6682	Fax: 520-836-6703