

Peachtree Primary Care, PC

1570 Old Alabama Rd, Suite 105 Roswell, Georgia 30076

Telephone: 770-676-6838 Fax: 770-676-6840

Patient Contact Consent Form

I, _____, DOB ____/____/_____ consent and agree that the staff of Peachtree Primary Care, PC., may contact me and leave voice messages as authorized below. These messages can include appointment information, billing information and information that identifies the practice. I am aware that restrictions placed on the ability to leave messages may impact the facility's ability to contact me with important information.

Home telephone number: _____

___ **DO NOT** leave messages at my home telephone number.

Mobile phone number: _____

___ **DO NOT** leave messages at my mobile phone number.

I consent that the staff of Peachtree Primary Care, PC may contact the following person(s) to discuss my medical information including lab results if I am unavailable.

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Acknowledgement of Notice of Privacy Practices

I have been presented with a copy of the Notice of Privacy Practices for the office of Anila Qidwai, M.D., detailing how my information may be used and disclosed as permitted under federal and state law.

Signed: _____ Date: _____

If not signed by patient, please indicate relationship to patient (e.g., mother) and patient's name.

Patient: _____

Relationship: _____