PATIENT RECORD OF DISCLOSURES



Patient Name:	Date:
Family Medical Centers has a policy of 100% compliance wit Act of 1996 (HIPAA). A copy of the HIPAA Privacy Practices I The following method of operations will be used to insure private the complex of the privacy Practices II.	nas been given to this patient to review and keep.
I wish to be contacted in the following manner: (check al	I that apply)
1. Home telephone #:	_
1. Home telephone #: Ok to leave a detailed message.	
Leave message with call back number only.	
2. Work telephone #:	
Ok to leave a detailed message.	
Leave message with call back number only.	
3. Cell telephone #:	
Ok to leave a detailed message.	
Leave message with call back number only.	
4. Written Communications:	
OK to mail to my home.	
OK to mail to work address.	
Our office will provide information and records about yo to whom you have been referred for treatment with this a	•
Disclosure of PHI may be used without prior consent in a	an emergency!
If you wish to provide a designated individual(s) access below. This includes family members that may want to d staff.	• • • • • • • • • • • • • • • • • • • •

FAMILY MEDICAL CENTERS LOCATIONS:

San Pablo: 14011 Beach Blvd., Unit 120, Jacksonville, FL 32250 | 904.223.6400 • Pediatrics: 1555 Kingsley Ave., Suite 601, Orange Park, FL 32073 | 904.264.0264

Orange Park: 1409 Kingsley Ave., Suite 6A, Orange Park, FL 32073 | 904.264.7517 • Middleburg: 3839 County Rd. 218, Middleburg, FL 32068 | 904.282.5474

Southside: 1906 Southside Blvd., Jacksonville, FL 32216 | 904.724.3083 • Argyle: 7855 Argyle Forest Blvd., Suite 601, Jacksonville, FL 32244 | 904.778.3389

Northside: 5445 Norwood Ave., Jacksonville, FL 32208 | 904.765.7075 • Green Cove Springs: 3189 US Highway 17, Green Cove Springs, FL 32043 | 904.621.0247

Jacksonville: 14810 Old St. Augustine Rd., Suite 207, Jacksonville, FL 32258 | 904.260.4111 • Fleming Island: 1689 Eagle Harbor Pkwy., Suite A, Fleming Island, FL 32003 | 904.269.1366