

**Family First Health Care Yale-Lexington**  
7470 Brockway Rd  
Yale, MI 48097  
(810) 387-9355

5730 Main Street  
Lexington, MI 48450  
(810) 696-2088

**(HIPPA) CONFIDENTIALITY PERMISSION AGREEMENT**

IN KEEPING WITH PATIENT CONFIDENTIALITY STANDARDS  
FAMILY FIRST HEALTH CARE REQUESTS THAT YOU COMPLETE  
THE FOLLOWING QUESTIONNAIRE IN THE EVENT WE MAY NEED  
TO REACH YOU.

- Please do not release any medical information to anyone other than myself.
- Please feel free to leave a detailed message on my answering machine.
- FFHC may give any pertinent medical information to my spouse.

\_\_\_\_\_  
Spouse Name

- FFHC may give any pertinent medical information to the following person/people.

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

- You may reach me at: \_\_\_\_\_  
if you are unable to reach me at home. (*alternate phone number*)

I have read and understand the above information and  
acknowledge this agreement may be revoked or changed at any  
time upon my written request.

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

\_\_\_\_\_  
Patient Initials Date

\_\_\_\_\_  
Patient Initials Date

\_\_\_\_\_  
Patient Initials Date