



PATIENT HIPAA QUESTIONNAIRE

1. Please print the telephone number where you want to receive calls about your appointments, lab and x-ray results, or other health care information:

CIRCLE BELOW:

2. Confidential messages can be left on this voicemail: YES NO
3. Confidential text message may be left at this number: YES NO

4. You are invited to log into our online Portal. Please provide an email address to register with the patient portal:

5. Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operations):

6. Please list the family members or significant others, if any, whom we may inform about your medical condition ONLY IN AN EMERGENCY:

Name _____ Phone _____
Name _____ Phone _____

7. Where you would like billing statements and/or correspondence from our office to be sent?

8. Please indicate if you want all correspondence from our office sent in a sealed envelope marked "CONFIDENTIAL":

CIRCLE: YES NO

PATIENT NAME _____ DATE _____

PATIENT/GUARDIAN SIGNATURE _____