

GULFCOAST EAR, NOSE AND THROAT ASSOCIATES

HIPAA INFORMATION SHEET

PLEASE PRINT CLEARLY

NAME: _____
(First) (MI) (Last)

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Health Insurance Portability and Accountability Act was passed by Congress to protect the privacy of patient health information. Healthcare providers are required to take steps to protect patient rights. Please help us to preserve these rights by answering the following questions:

1. IN CASE OF EMERGENCY WHO DO YOU WANT US TO CONTACT?

NAME _____ PHONE # _____

2. MAY WE LEAVE A MESSAGE ON YOUR ANSWERING MACHINE? Y___ N___

3. MAY WE CALL YOU AT WORK? Y___ N___

4. WHOM MAY WE SPEAK WITH CONCERNING YOUR MEDICAL CONDITION AND TREATMENT(BE SPECIFIC) _____

IF NO ONE CHECK HERE _____

PATIENT SIGNATURE(Guardian if Child) _____

DATE _____