

SIERRA ACUPUNCTURE & HEALING ARTS

PRIVACY INFORMATION – HIPPA Compliance

To insure your privacy, please answer the following question:

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):

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 # _____

Please print the address of where you would like your billing statements and/or correspondence from our office to be sent if other than your home.

Please indicate if you want all correspondence from our office sent in a sealed envelope marked “CONFIDENTIAL”:

Yes _____ No _____

Please print the telephone number where you want to receive calls about your appointments or other health care information if other than your home phone number: _____

***I am fully aware that a cell phone is not a secure and private line.**

Can confidential messages (i.e., appointment reminders) be left on your telephone answering machine or voicemail?

Yes _____ No _____

_____ (guardian if under 18 years)

Patient Name

Patient/Guardian Signature

Date