

DIABETES CARE CENTER

PATIENT PRIVACY QUESTIONNAIRE

1. Please list the family members or significant others, if any, whom we may inform about your medical condition and your diagnosis (including treatment, payment and health care operations) and in case of an emergency.

#1 Name _____ Relationship _____
Address _____
Social Security Number: _____ DOB: _____
Phone: _____ Phone: _____

#2 Name _____ Relationship _____
Address _____
Social Security Number: _____ DOB: _____
Phone: _____ Phone: _____

2. Please print the address of where you would like your **Billing Statement** and/or correspondence from our office to be sent to:

3. Please print the address of where you would like your **Appointment Reminders, Lab Results** and/or correspondence from our office to be sent to:

4. Please indicate whether or not you would want to receive calls about your appointment reminders, follow-ups, test results, etc. YES NO

5. Please print the telephone number where you want to receive calls about your appointments, follow-ups, test results or other health care information:

Phone Number: _____ Back-up: _____

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

6. Can confidential messages (appointment reminders, etc.) be left on your telephone answering machine or voice mail? YES NO

7. If YES to answer #6, please indicate what types of messages may be left on your machine:

Appointment Reminders Lab Results X-Ray Results Follow-up Needed

Patient Name: _____ (Guardian if under 18 years)

Social Security Number: _____

Patient/Guardian Signature: _____