

**Christian Family Medicine
Patient Demographics**

Patient Information:

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ E-Mail Address: _____

Marital status: [] S [] M [] W Emergency Contact Name: _____

Phone #: _____ Relationship: _____

HIPAA:

Since the enforcement of the Health Information Portability and Accountability Act (HIPAA) by the Federal Government, we can not discuss any part of a patient's healthcare or treatment with any other family member or caregiver without written permission. Please read the options listed below and select one or more which best expresses your wishes of communicating your healthcare information: (HIPAA rules are available in the patient information rack in the waiting room.)

- _____ 1. You **may not** discuss my healthcare / treatment with anyone but me.
- _____ 2. You leave test results on my answering machine or voice mail, if I am unavailable.
- _____ 3. You may e-mail notification to log into the Patient WebView Portal to access my health information.
- _____ 4. You may discuss my healthcare / treatment with the following person or persons if I am not available or if I am physically or mentally unable to take the call myself.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Signature of Patient

Printed Name of Patient

Insurance Information:

Name of Insurance Company: _____

Insured Subscriber name: _____ Subscriber DOB: _____

Insurance Identification #: _____ Group #: _____

Name of Person responsible for this patient's bills: _____

Address if Different from patient: _____

Phone # if different from patient: _____ SS#: _____

Financial Policy:

By signing below I acknowledge the financial policy has been made available to me and I agree to its terms. (Financial Policy is available in the patient information rack in the waiting room.)

Signature of Patient

Printed Name of Patient