

## ADDITIONAL INFORMATION

Chart # \_\_\_\_\_

Patient Name: \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Other family members that are patients: \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_

Last

First

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street City State Zip

### EMERGENCY CONTACT INFORMATION:

In case of emergency, who should be notified? \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Do you give our office permission to discuss your medical information with family members?**

YES  NO If yes, please provide their names and phone numbers below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # (day): ( ) \_\_\_\_\_ Phone # (evening): ( ) \_\_\_\_\_

**May we leave personal medical information on your answering machine at home?**  YES  NO

**May we e-mail personal medical information to you?**  YES  NO E-mail address: \_\_\_\_\_

**May we contact you by cell phone?**  YES  NO Cell Phone # \_\_\_\_\_

**May we contact you by work phone?**  YES  NO Work Phone # \_\_\_\_\_

### RECEIPT OF NOTICE OF PRIVACY PRACTICES:

My signature below indicates that a copy of my physician's Notice of Uses and Disclosures of Protected Medical Information (Notice of Privacy Practices) has been made available to me.

Patient or Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### AUTHORIZATION/PAYMENT POLICY

I request authorized benefits be made on my behalf to James E. Turner, M.D., Ph.D. or Malika Tuli, M.D. for any services furnished to me. I authorize any holder of medical information to release to the insurance carrier any information needed to determine these benefits payable for related services.

I understand that I am financially responsible for all charges not payable by insurance, including annual deductible, copayment and charges for any non-covered / cosmetic services. If it becomes necessary, I also understand that I am responsible for reasonable collection costs and/or attorney fees incurred for collection of this account.

Patient or Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_