

Patient Information

Last Name: _____ First Name: _____ Preferred Name _____ Birthday: _____

Patient Address _____ City/State _____ Zip _____

Home Phone # _____ Mobile Phone # _____

Email _____ Preferred Contact Method: Home / Mobile / Text / Email

May we text you appointment reminders and other important information? Yes/No

Emergency Contact Name/Relationship _____ Phone# _____

PHARMACY INFORMATION (required): Name _____ Phone# _____
Address _____

Insurance Info

Dental Insurance _____ Medical Insurance _____

ID or Social Security # _____ ID or Social Security # _____

Group number _____ Group Number _____

Who is the policy holder? _____ Relationship to patient _____

Policy Holder Birthdate _____

Patient Disclosure INFO

May we leave a message on home/cell regarding your appointments? (circle one) YES NO

Is there anyone whom you give our office permission to speak to regarding clinical information or appointment reminders?

(circle one) YES NO If Yes who? _____

PRIVACY PRACTICE NOTICE

Three Rivers Oral and Maxillofacial Surgery has a Notice of Privacy Practices, which describe how we may use and disclose protected health information and exercise other rights concerning this information. You may review our current notice prior to signing this acknowledgement.

We reserve the right to change our Notice of Privacy Practice and to make the terms of any changes effective for all protected health information that we maintain, including information created or obtained prior to the date of the effectiveness of the change. You may obtain a revised notice by submitting a request to our privacy officer. You have a right to revoke this consent at any time by giving us written notice. Please understand that we may decline to treat you.

Our office staff will send you this form to review and sign electronically after you make your first appointment.

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual; is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individuals home.