

PLEASANT VALLEY OPHTHALMOLOGY

PATIENT PRIVACY QUESTIONNAIRE

1. HEALTH: Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis:

2. FINANCIAL: Please list the family members or other persons, if any, with whom we may discuss your financial situation with this office (your billing statements, account status, etc;):

3. EMERGENCY ONLY: Please list the family members or other person, if any, whom we may inform about your medical condition ONLY IN AN EMERGENCY:

****NOTE:** If you do not put any names in this section, please provide a telephone number for one or two of the people listed under number 1 (HEALTH).

Name _____ Phone Number _____

Name _____ Phone Number _____

4. Should billing statements and/or correspondence from our office be sent to your home address?

YES _____ NO _____

If NO, to which address should statements/correspondence be sent?

5. At what phone number shall we call you regarding appointments, lab and x-ray results or other health care information?

Home number? YES _____ NO _____

If NO, please print the desired phone number here _____

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

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

YES _____ NO _____

PATIENT NAME (please print) _____

DATE _____

SIGNATURE OF PATIENT (or guardian)