



Today's Date: \_\_\_\_\_

Change of Address

**Patient Information:**

_____			_____	<u>Circle One:</u>
First	M.I.	Last	Date of Birth	Male/Female
_____		_____	_____	_____
Address		City	State	Zip Code
_____				
Email Address				

**Contact Information:**

MAY WE LEAVE DETAILED MESSAGES  
(i.e. Appointments, billing, results, etc.)?

Home #: (____) _____	YES	NO	N/A
Mobile #: (____) _____	YES	NO	N/A
Work #: (____) _____	YES	NO	N/A
Would you like to receive Text Messages?	YES	NO	N/A

**Emergency Contact Information:**

Can we discuss your health care information with the below person?      YES      NO

_____			_____	_____
First	M.I.	Last	Relationship	Contact Telephone #

**Privacy Acknowledgment:**

- \_\_\_\_\_ **We are required to protect your privacy**  
Initials Our Notice of Privacy Policy (NPP) details your rights as a patient and how we may use and/or disclose your protected health information. Our NPP is available on our website and/or is furnished.
- \_\_\_\_\_ **We request all patients present a valid photo ID at each visit, unless we have it on file.**  
Initials Your cooperation with HIPAA requirement is designed to protect your identity from misuse.
- \_\_\_\_\_ **Patients may revoke or change any provided authorizations at any time.**  
Initials Please refer to our NPP for more details.