



Patient Information

Patient Name _____ Date of Birth _____ Date _____
Age _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Email _____ Ok for : Call text Email

In case of Emergency Please Notify:

Name _____
Relationship _____
Phone _____

Preferred Pharmacy information:

Pharmacy _____
Pharmacy Address _____
Pharmacy Phone _____

The following information is required by the state of Nevada.

Are you hispanic? yes no If yes, what nationality (ie. Cuban, Mexican etc.)? _____

Race: Native American Black White Other (specify) _____

Please indicate the highest school grade you completed (0-12) _____ College? yes no _____ years

Federal privacy rules require that you tell us how to contact you with information, lab results, appointment changes, and other information that is crucial to your care with Birth Control Care Center.

Please check all that apply.

The best way to telephone me is:

If you have to leave a message, say...

- Call my home number
- Call my work number
- Call my cell number
- Never call me

- "Birth Control Care Center called"
- "your doctor's office called"
- "Casey called" (this is our 'code' for a call from this clinic)

Please list any other way to reach you _____

I understand that staff may periodically need to contact me about test results or other information about my care with Birth Control Care Center. I have made my preferences known about how to contact me.

I also understand that critical situations may arise that require Birth Control Care Center to make contact with me quickly. If unable to do so, I understand that Birth Control Care Center may send certified mail to my home address as a way to make direct contact with me. By signing below I agree to BirthControl Care Center's contact procedures.

Patient Signature

Witness

Parent or Guardian

Date

How did you hear about Birth Control Care Center?

- Been here before
- Internet
- Saw ad in _____
- Referred by _____
- Other _____



Patient Privacy Notice

In accordance with the Federal Privacy Law (HIPPA), Birth Control Care Center keeps medical information and records confidential and will only use them for patient treatment, health care operations, and billing purposes.

Treatment:

Our physicians, clinicians, and staff will use your medical information to give you the best possible care.

Health Care Operation:

Birth Control Care Center will use this information for appropriate follow-up care, patient notification, statistical and regulatory requirements, and internal quality assurance programs.

Billing Purposes:

Birth Control Care Center will use your medical information to bill the appropriate third party or parties for your care.

Disclosure of Information with Extenuating Circumstances

1. Health information will be given to family members in case of an emergency or under other circumstances with proper authorization and documentation.
2. Health information may be given to other physicians or institutions under emergency situations.
3. Information may be given to proper authorities when neglect or abuse is alleged or suspected.
4. Information may be provided to courts or other agencies when a subpoena is given to this office.

I understand that if I have any questions I can speak to a Birth Control Care Center Privacy Officer.

I understand and agree to the above Privacy Policy.

Patient Signature

Witness

Patient name - Printed

Date

I agree to allow Birth Control Care Center to contact my referring physician for the purpose of continuity of care.

Yes _____ No _____ N/A _____ Initials _____