

Pediatric Associates of West Tennessee, PLLC
Patient Questionnaire

In general, the HIPAA 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 communications of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

1. How does patient like to be addressed? _____
2. Please list family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis.

3. Please list the family member or significant others, if any, whom we may inform, about your medical condition. ONLY IN EMERGENCY:

I wish to be contacted in the following manner (check all that apply)

- HOME TELEPHONE** _____
- Ok to leave message with detailed information
- Leave message with call back number only

- Work Telephone** _____
- Ok to leave message with detailed information
- Leave message with call-back number only

- WRITTEN COMMUNICATION**
- Ok to mail to my home address
- Ok to mail to my work/office address
- OK to fax to this/these numbers
- Ok to mail reminder postcards to my home address

OTHER _____

Excluding postcard, should all correspondence be marked "CONFIDENTIAL"? Yes _____ No _____

Parent Signature (guardian signature if patient is under 18 years of age)

Date

Print Patient Name

Patient Birth Date