



Name _____ DOB: _____

Address _____ City _____ State _____ ZIP _____

Best Number (____) ____-____ Secondary Phone (____) ____-____ Email _____

How would you prefer to be contacted for follow up care? Text Email Phone Letter

Insurance Type _____ Employer _____ Occupation _____

Did you retire from Honeywell, USEC, Caterpillar or Cook Coal? ____ Where did you retire from? _____

Married Single Widowed Divorced

Who is your family doctor? _____ (A copy of your report will be faxed to your physician)

Have you seen our ads: TV, what channel? _____ Website, how did you find our site? _____

Newspaper, what paper? _____ Other, please specify? _____

What motivated you to choose us as your preferred provider? _____

Did someone refer you to us? Who? _____

Health Insurance Portability & Accountability Act of 1996

My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I understand that this information can and will be used to:

- Provide and coordinate my treatment among health care providers who may be involved in that treatment
- Obtain payment from third-party payers for my health care services
- Conduct normal health care operations such as quality assessment and improvement activities

I have been informed of Rhodes Centers for Better Hearings *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my protected health information. I have been given the right to review and receive a copy of such Notice of Privacy Practices. I understand that Rhodes Centers for Better Hearing has the right to change the *Notice of Privacy Practices* and that I may contact this office to obtain a current copy of the *Notice of Privacy Practices*. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations and I understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide.

Sign _____ Date _____



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