ROBERT M. STERN, M.D., INC.
PATIENT PRIVACY FORM

Please list the family members or other persons, if any, whom we may inform or speak to about your medical condition and your diagnosis (including treatment, payment and health care operations):

Name_____ Relationship_____

Name_____ Relationship_____

Please list the family members or significant others, if any, whom we may inform about your medical condition **ONLY IN AN EMERGENCY**:

Name_____ Phone Number_____

Name_____ Phone Number_____

Please print the address of where you would like your billing statements and/or correspondence from our office to be sent:_____

Where are we mailing correspondence? HOME / WORK / OTHER _____

Can we mail correspondence from our office
with our return name and address on the outside? YES / NO

Please print the telephone number where you want to receive calls about your appointments, or other health care information: Phone Number:_____ HOME / WORK / CELL

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

Can confidential messages (i.e., appointment reminders) be left on your telephone answering machine or voicemail? (please circle one) YES / NO / DO NOT HAVE EITHER

I have completed this privacy form and hereby acknowledge that I received or was provided the opportunity to receive a copy of Robert M. Stern M.D. Inc.'s Notice of Privacy Practices.

X_____ **X** _____

Print Patient Name | Patient Signature (Guardian if under 18yrs sign below) | Date

PERSONAL REPRESENTATIVE / GUARDIAN INFORMATION (IF APPLICABLE)

Print Name: _____ Signature _____
Date

Nature of Relationship:_____
(i.e. – Parent, Guardian, Beneficiary or Personal Representative of Deceased Patient, etc.)

OFFICE USE ONLY

- □ Signed form received.
- □ Acknowledgment Not Obtained:
  I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:
  - □ Patient Refused.
  - □ Emergency.
  - □ Other - _____

_____ _____

Print Staff's Member Name | Staff Member's Signature | Date