



10769 Frank Lloyd Wright Blvd. Suite A 120, Scottsdale, AZ 85259

P: 480-848-0991 F: 480-452-0929

www.mdsfamilypractice.com

Patient Information

Name: _____ Preferred/Goes by: _____

DOB: _____ Age: _____ Sex: _____ Marital status: _____

Address: _____

City: _____ State _____ Zip: _____

Primary Phone: _____ Alternate: _____

Please check if Voicemail is okay: Primary _____ or Alternate _____

Email: _____ Occupation: _____

Employer: _____ Phone: _____

Insurance name: _____ Group/ID# _____

Holder of insurance (name of subscriber if other than above): _____

DOB: _____ Relation to patient: _____ Phone: _____

Address (if different from above): _____

Contact, HIPAA and Release of Information

This notice describes the information privacy practices followed by our employees, staff and other office personnel. YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

Please list any family members or friends with whom we may discuss your healthcare.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I have received and acknowledge the HIPAA privacy policy

Signature: _____ Date: _____