

Western Medicine, Inc.

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Dear Patient,

Due to all the changing regulations and new restrictions that are being implemented by HIPAA, it is necessary to ask you to answer the following questions. These new rules are for your protection and this information will help us better serve you, while safeguarding your personal health care operations.

PATIENT QUESTIONNAIRE:

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

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

2.) Please list the family members or significant others, if any, to whom we may inform about you medical condition **ONLY IN AN EMERGENCY**.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

3.) Please print the address of where you would like any written correspondence from us sent if other than your home. _____

4.) Please indicate if you want all correspondence from our office sent in a sealed envelope marked "CONFIDENTIAL ". Yes _____ No _____

5.) Please print the telephone number where you would want to receive calls about your health, i.e., appointments, lab results, x-ray results, etc. () _____

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

6.) Can confidential messages be left on your answering machine or voice mail? Yes _____ No _____

7.) I am fully aware that my health information can be transmitted electronically, by fax or e-mail.

Patient Name {Please print}: _____

Patient / Guardian signature: _____ Date: _____

This "Release of Information" will remain in effect until terminated by me in writing