

OSHA \*HIPAA\* OIG COMPLIANCE  
PATIENT QUESTIONNAIRE

Please list family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis:

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

Please print the address where you would like your billing statements and/or correspondence from our office to be sent if other than your home:

Please indicate if you want all correspondence from our office sent in a sealed envelope marked "CONFIDENTIAL". YES \_\_\_\_\_ NO

Please print telephone number, if any, where you want to receive calls about your appointments, labs, and MRI results, or other health care information if other than your home phone number. PLEASE KEEP IN MIND THAT CELLULAR PHONES ARE NOT CONFIDENTIAL/SECURE LINES.

Can confidential messages (i.e. Appointment reminders) be left on your home answering machine or voicemail? YES \_\_\_\_\_ NO

If you do not have voicemail, can a confidential message be left at your place of employment? YES \_\_\_\_\_ NO

PATIENT NAME \_\_\_\_\_ (If under 18, put guardian's name)

\_\_\_\_\_  
PATIENT/GUARDIAN SIGNATURE

DATE