



EASTERN PENNSYLVANIA GASTROENTEROLOGY & LIVER SPECIALISTS, PC

Patient Name: _____ Date of Birth _____

Current Address: _____

Please inform us where we can leave pertinent information regarding your health care.

Home: _____ YES NO

Answering Machine _____ YES NO

WORK: _____ YES NO

CELL PHONE: _____ YES NO

EMERGENCY CONTACT: NAME: _____

PHONE: _____

With whom can we discuss your health information:

NAME: _____ Relationship: _____

NAME: _____ Relationship: _____

We are required by law to maintain the privacy of, and provide individuals with our Privacy Notice, which describes our legal duties and privacy practices with respect to Protected Health Information (PHI). If you have any objections to this form or would like to review our HIPAA Notice of Privacy, please ask to speak with Diane Horvath, HIPAA Privacy Officer in person or by phone at 610-821-2828.

Signature below is only acknowledgement that you have received this form and/or our Privacy Notice.

PRINT PATIENT NAME: _____

PRINT NAME IF NOT PATIENT: _____

Signature: _____ Date: _____