

AMANDEEP PAL M.D. PLLC

HIPPA PRIVACY INFORMATION

- PATIENT REVIEWED HIPPA STATEMENT
- PRIVACY ALERT
- PATIENT REFUSED

APPOINTMENT INFORMATION

- HOME PHONE (include auto call)
- MOBILE PHONE (include auto call)
- MOBILE TEXT (include auto call)
- WORK PHONE
- WITH ANOTHER PERSON
- SEND VIA MAIL
- SEND VIA E-MAIL/PORTAL

MEDICAL INFORMATION

- HOME PHONE (include auto call)
- MOBILE PHONE (include auto call)
- MOBILE TEXT (include auto call)
- WORK PHONE
- WITH ANOTHER PERSON
- SEND VIA MAIL
- SEND VIA E-MAIL/PORTAL

HIPPA CONTACT INSTRUCTIONS _____

PERSONS AUTHORIZED TO COMMUNICATE WITH US:

PERSONAL HISTORY

(CIRCLE ONE)

MARITAL STATUS – MARRIED, DIVORCED, SINGLE, NEVER MARRIED, WIDOWED, SEPARATED

STUDENT STATUS- NOT A STUDENT, PART TIME STUDENT, FULL TIME STUDENT

EMPLOYMENT STATUS- FULL TIME, PART TIME, NOT- EMPLOYED, SELF EMPLOYED, MILITARY, DISABLED

RETIRED? DATE _____

DISABLED? DATE _____

OCCUPATION _____

EMPLOYER _____

PATIENT SIGNATURE _____ DATE _____