

**KINGWOOD FAMILY PRACTICE**

**Health Insurance Portability and Accountability Act (HIPPA)  
Privacy Compliance Patient Questionnaire**

All patients have the right to have confidential care provided. All information, medical or social, whether written, spoken, electronic, or computer generated is to be held in strict confidence. Please fill out this information in order for Kingwood Family Practice to provide better service.

If your lab testing is normal, our office may send you a private card notice. If anything is abnormal, our office will notify you by telephone. If you are not notified, please do not assume everything is normal. Call our office if that has been over two or three weeks since your test and you were not notified.

1. Please list the family members or other person, if any, whom we may inform about your general medical conditions and your diagnosis. Please list complete name and phone number with relationship.

\_\_\_\_\_

2. Please list the family members or significant others, if any, whom we may inform about your medical condition ONLY IN EMERGENCY. Please list complete name, phone number and relationship.

\_\_\_\_\_

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

\_\_\_\_\_

4. Please print the telephone number, if any, where you want to receive calls about your appointments, lab and X-RAY results, or other healthcare information if other than your home phone number.

\_\_\_\_\_

5. Can confidential messages (including appointment reminders) be left on your voicemail?

\_\_\_\_\_

6. If you do not have voicemail, can a message asking you to call us about results or to confirm your appointment be left at your place of employment? YES \_\_\_\_\_ NO \_\_\_\_\_

7. Are you moving in the next 30 days or changing home or work phone numbers? If so, please notify our office as soon as you have your new information in order for us to contact you with any test results, or provide the information below:

New address and effective date:

\_\_\_\_\_

New phone number and effective date \_\_\_\_\_

8. I have read Kingwood Family Practice's notice of patient's privacy YES \_\_\_\_\_ NO \_\_\_\_\_

PATIENT NAME (PRINTED) \_\_\_\_\_ (guardian if under 18 years of age)

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

\_\_\_\_\_  
DATE