Caballero Family Healthcare Group, PLLC
1920 Kirby Parkway Ste 202
Germantown TN 38138
Tel # 901-751-9997

Patient Privacy Information Sheet
Updated as of January 1,2020

Today's Date: _____

Name: _____

DOB: _____ **Last Four Digits of SSN:** _____

Address: _____

Our office uses an appointment reminder call service to remind you of appointments. The number you mark as your primary phone will be used for appointment reminders. We may also leave a message regarding test results or other information, if you indicate it is ok to do so below.

	Primary Phone?	OK to Text?	OK to Leave Message?
Home Phone: _____	□ Yes □ No	□ Yes □ No	□ Yes □ No
Cell Phone: _____	□ Yes □ No	□ Yes □ No	□ Yes □ No
Other Phone: _____	□ Yes □ No	□ Yes □ No	□ Yes □ No

Please list your email address here if you would like to receive appointment reminders by email or if you would like to use the patient portal: _____

If there are family or friends with whom you wish for us to be able to share information about your health and the services you receive from us, please list those individuals below and mark which types of information we may discuss with them.

Name	Relationship	Phone #	All Info	Billing Info	Medical Info	Other Info: Please specify

Acknowledgment of Receipt of Privacy Notice

If today is your first visit to our office, you are receiving a Notice of Privacy Practices that explains how our office may use and disclosure your health information. Please sign below to indicate your receipt of the Notice. If this is not your first visit, you previously received a Notice of Privacy Practices. However, you are welcome to request another copy of the Notice of Privacy Practices at any time by asking the front desk. Please sign below to acknowledge current or previous receipt of the Notice of Privacy Practices.

_____

Signature Printed Name Date

Please notify us promptly and complete a new form if any of the information on this sheet changes.