

Bellevue Laser  Cosmetic Center

In complying with health information privacy act; HIPAA. We want to make sure that we guard your health care information according to your wishes.

Please answer the following questions:

May we leave messages on a cell phone and/or answering machine?

Cell Phone # YES/NO

Home Phone # YES/NO

May we leave messages on a voicemail at work? YES/NO

\*If so, is this a protected voicemail? YES/NO

**Please list at least one emergency contact name, number and relationship below which is required for our medical records.** May we discuss your skin care with this person and/or your spouse/significant other/family member? YES/NO

Name and Relationship

1. \_\_\_\_\_ **Emergency #** \_\_\_\_\_

2. \_\_\_\_\_ **Emergency #** \_\_\_\_\_

3. \_\_\_\_\_ **Emergency #** \_\_\_\_\_

4. \_\_\_\_\_ **Emergency #** \_\_\_\_\_

You must inform us, in writing, of any changes in your directives. This will be kept in your medical record along with acknowledgement of receipt of our Notice of Privacy Practices.

(Insurance Subscriber's Information)

Print Name \_\_\_\_\_ DOB: \_\_\_\_\_

Employer Name \_\_\_\_\_ Work # \_\_\_\_\_

(Patient's Information)

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Updated 5/2015