



REGISTRATION SLIP

PLEASE PRINT Date _____
Name _____
Address _____ Apt _____
City _____
State _____ Zip _____
Social Security Number _____
Birth Date _____
Home Phone _____
Work Phone _____ Ext _____
Cell Phone/Beeper _____
E-mail _____

EMPLOYMENT INFORMATION

Occupation _____
Employed by _____
Employer's Address _____

EMERGENCY CONTACT INFORMATION

Partner or Emergency Contact _____
Relationship _____
Employed by _____
Employer's address _____
Employer's phone _____
Referred by _____

INSURANCE INFORMATION

Insurance Co _____
Insurance ID number _____

For Confidential Information (i.e. test results)
OK to leave detailed message: (check all that apply)
__ phone work __ phone home __ cell phone
__ e-mail __ U.S. mail

I have been made aware of the privacy policy for this practice (HIPAA)
Sign & Date _____

Patient Provider E-Mail Agreement

E-mail offers an easy and convenient way for us to communicate. In many circumstances, it has advantages over office visits or telephone calls. There are important differences we must remember. E-mail is not the same as calling the office; there is no person on the other end – just a computer. I cannot tell for certain when your messages will be read or when I will respond. Nonetheless, I believe the ease of communication e-mail affords is a benefit to patient care.

Some important rules:

- E-mail is never, ever appropriate for urgent or emergency problems! Please use the telephone or go directly to the Emergency Department for emergencies.
- E-mail is not suited for topics that require extensive discussion. Please make an appointment to see me. It is great for quick questions, prescription refills, referrals, etc.
- E-mail is not confidential. It is like sending a postcard through the mail. If you send e-mails from work, your employer has a legal right to read your e-mail.
- E-mails are saved and become part of the medical record.
- Finally – either one of us may revoke permission to use e-mail at any time.

By signing below, I agree to communicate electronically. I have read the above information and understand the limitations of security on information transmitted.

Signature of patient or legal guardian

Print Name

E-mail Address

Date