



800 Tarpon Woods Blvd Suite D
Palm Harbor, FL 34685
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HIPAA INFORMATION SHEET

PLEASE PRINT CLEARLY

NAME: _____
(FIRST) (MIDDLE) (LAST)

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Health Insurance Portability and Accountability Act was passed by Congress to protect the privacy of patient health information. Healthcare providers are required to take steps to protect patient rights. Please help us to preserve these rights by answering the following questions:

1. IN CASE OF EMERGENCY, WHO DO YOU WANT US TO CONTACT?

NAME: _____ PHONE #: _____

2. MAY WE LEAVE A MESSAGE ON YOUR ANSWERING MACHINE? Yes: _____ NO: _____

3. MAY WE CALL YOU AT WORK? Yes: _____ No: _____

4. WHOM MAY WE SPEAK WITH CONCERNING YOUR MEDICAL CONDITON AND TREATMENT?
(PLEASE BE SPECIFIC)

**IF NO ONE, PLEASE CHECK HERE: _____

PATIENT SIGNATURE: _____ **DATE:** _____

(*Guardian signature if patient is a minor)

Jose A. Berrios, M.D.
Ear, Nose, and Throat Disorders, Head and Neck Surgery, Plastic and Reconstructive Surgery,
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