

What is your preferred method of contact?

Regular Mail Phone/Home Phone/Work Cell Phone (unsecured line) Email

May we leave message on answering machine at home? Yes No

May we leave message on voice mail at work? Yes No

Health and billing information The Carolina Hand Center collects or receives about you may be disclosed to the following persons in your family: _____

Preferred Pharmacy: _____

By signing below, I agree to allow The Carolina Hand Center to review any prescription history available in my electronic health record.

I have acknowledged that I have reviewed the "Notice of Privacy Policies and Practices" and The Carolina Hand Center Information Sheet and been given the opportunity to obtain a copy of the Privacy Policy. I give my permission to The Carolina Hand Center to use and disclose my health information in accordance with the notice provided.

Patient Name (print)

Signature of Patient/Date

Patient Representative (print)

Signature of Representative/Date

Relationship of Patient Representative to Patient