

Tennessee Medicine & Pediatrics, P.C.

Please list who we may inform about your general medical condition and your diagnosis (including treatment, payment, and healthcare information):

Please list the family members or significant others, if any, who we may inform about your medical condition **ONLY IN AN EMERGENCY**:

Name: _____ Phone# _____

Name: _____ Phone# _____

Name: _____ Phone# _____

Please print the address of where you would like your billing statements and/or correspondence from our office to be sent if other than your home.

May we call your home and/or work telephone number to contact you about your appointments, lab and x-ray results, or other health care information?

_____ Yes _____ No

I am fully aware that a cellular telephone is not a secure & private line. _____
Please Initial

I have been given a copy of Tennessee Medicine & Pediatrics, P.C.'s Notice of Privacy Practices for Protected Health Information. _____
Please initial

Print Patient Name

Parent or Guardian Signature

Date