PULMONARY
ASSOCIATES, PC
Pulmonary critical care and sleep medicine

719-471-1069 PH
719-577-4828 FX
1725 E. Boulder Street #204
Colorado Springs, CO 80909

At Pulmonary Associates, we are committed to insuring the privacy and confidentiality of your medical records. We comply with the Health Insurance Portability and Accessibility Act of 1996 (HIPAA).

In order to assist us in protecting your privacy, please complete the following:

Patient name_____ Date of Birth _____

Home Phone_____ Work Phone_____

Cell Phone_____

Who may we speak with, other than yourself, regarding your medical care:
(If more than one, please list all.)

Spouse ___ Child ___ Brother/Sister ___ Caregiver ___ Friend ___ Parent(s) ___ Guardian ___

Please list their full name(s):

_____ Phone _____

_____ Phone _____

_____ Phone _____

May we leave a message on your voice mail at home? Yes ___ No ___

May we leave a message on your cell phone? Yes ___ No ___

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

May we mail medical information to your home? Yes ___ No ___

I have been made aware of the privacy policies of Pulmonary Associates and have received a copy of the Notice of Privacy Practices of pulmonary Associates (or one has been made available to me).

Signature_____ Date _____