Piedmont Women's Healthcare
A Division of Atlanta Women's Healthcare Specialists, LLC
275 Collier Road, N.W., Suite 100-B
Atlanta, GA 30309
404-352-3656 (Phone) | 404-350-5820 (Fax)
www.piedmontwomenshealthcare.com

PATIENT PRIVACY QUESTIONNAIRE

Patient Name:_____ Date Of Birth: _____

May we give confidential information to individuals you designate regarding appointments, lab results or other healthcare information?

Yes No

If yes, please list individual(s) below and what information can be released:

Name:_____

Relationship:_____

Phone Number:_____

- ☐ Medical Visits/Information – Including, but not limited to: history and physical, symptoms, diagnosis, medications, treatment plan, lab results, immunization records, pathology reports, procedure notes, operative notes, hospital notes, clinic notes, etc.
- ☐ Billing and Payment Information – Including, but not limited to: balances, insurances, bills, etc.
- ☐ Appointments/Attendance – Including, but not limited to: scheduling appointments, verifying appointments, canceling appointments, etc.
- ☐ Other (please specify): _____

_____

Name:_____

Relationship:_____

Phone Number:_____

- ☐ Medical Visits/Information – Including, but not limited to: history and physical, symptoms, diagnosis, medications, treatment plan, lab results, immunization records, pathology reports, procedure notes, operative notes, hospital notes, clinic notes, etc.
- ☐ Billing and Payment Information – Including, but not limited to: balances, insurances, bills, etc.
- ☐ Appointments/Attendance – Including, but not limited to: scheduling appointments, verifying appointments, canceling appointments, etc.
- ☐ Other (please specify): _____

_____

_____ _____

Signature of patient **Date**