



Patient Registration Information

Name _____ DOB _____ Marital Status _____

Social Security # _____

*Please check the appropriate box if Central Phoenix OBGYN has permission to leave results or health information on your phone.

*Home Phone _____ ☐ *Cellphone _____ ☐ *Work Phone _____ ☐

Race _____ Ethnicity _____

Email Address _____

*By listing my confidential email address, I am giving CPOG permission to send a patient portal request electronically to the email on file in addition to newsletters and invoices.

Employer _____ Occupation _____ Phone _____

Emergency Contact _____ Phone # _____ Relationship _____

How did you hear about this office: _____

Who is your family doctor? _____ Phone _____

Insurance Carrier _____ Subscriber ID # _____

Subscriber Name _____ Relationship to policy holder _____

Subscriber DOB _____ Subscriber SS # _____

Secondary Insurance _____ Subscriber ID # _____

Subscriber Name _____ Subscriber DOB and SS# _____

Pharmacy Name _____ Phone _____

Pharmacy Address (cross streets): _____

I understand that payment is required at the time the service is rendered. Cash, personal check (with ID), Discover Card, MasterCard and Visa are accepted. Thank you for your assistance

Patients Signature _____ Date _____



HIPAA PRIVACY NOTICE ACKNOWLEDGEMENT AND DISCLOSURE RELEASE

This document acknowledges that I have seen the HIPAA Notice of Privacy Practices posted in this office and have had an opportunity to read it and obtain a copy of it.

Signature _____

Printed Name _____

Today's Date _____

We kindly provide and email address on our business cards for your convenience.

Please note the following:

Please keep in mind that communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed. Please do not include personal identifying information such as your birth date, or personal medical information in any emails you send to us. No one can diagnose your condition from email or other written communications, and communication via our website cannot replace the relationship you have with a physician or another healthcare practitioner.

Since our e-mail/text communications are not encrypted, it is the policy of Central Phoenix OBGYN not to use e-mail/text for sharing confidential information. We are sorry if this causes inconvenience for you in receiving information from us.

I understand the above statements.

Patient Name

Date

DO YOU WANT TO DESIGNATE A FAMILY MEMBER OR OTHER INDIVIDUAL WITH WHOM THE PROVIDER MAY DISCUSS YOUR MEDICAL CONDITION? IF YES, WHOM?

I give permission for my Protected Health Information to be disclosed for purposes of communicating results, findings and care decisions to the family members and others listed below:

Name/Relationship

Contact Number

