

Gregorio S Santos M.D., P.A.
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Patient Notice Of Privacy Practices

This notice describes how medical information about you may be disclosed. Please review it carefully.

Gregorio Santos M.D., P.A. will use your medical information for the following:

1. TREATMENT: Including providing your medical records to consulting clinicians and insurance companies.
2. PAYMENT: We will file necessary claims to insurance companies in your name to obtain payment. They may request part or all of the medical records to pay the claim.
3. HEALTH CARE OPERATIONS: Any others involved in your healthcare.

The entire PRIVACY POLICY NOTICE of Gregorio Santos M.D., P.A. is posted in the waiting room for your perusal.

QUESTIONS # 1, 2, & 3 MUST COMPLETED

In conjunction with these practices you will need to provide us with the following information:

1. Name of Person(s) we may speak with regarding your health (i.e. spouse, child etc.) Please include Phone number.

2. Emergency contact: (Relative or person not living with you)

Name: _____

Address: _____

Phone Number: _____

3. May we leave a message regarding your health or upcoming appointments on your answering machine?

HOME YES _____ NO _____

WORK YES _____ NO _____

Signature of Patient or Legal Guardian

Relationship to patient

Print Patient's name or Legal Guardian

Date