

**Agnello Spine & Sports
CONFIDENTIALITY FORM**

Patient Name: _____

Date of Birth: _____

Guardian name if patient is under 18 years old:

Please list family members or other persons, if any, whom we may inform about your (or your child's) general medical condition and the diagnosis at the time of service and/or whom we may contact in the event of an emergency.

Name	Relationship	Cell (C) or Home (H) Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event Agnello Physical Therapy needs to leave a message for you regarding an appointment reminder, emergency cancellation, insurance matters, or treatment and you are unavailable to take the call, is it ok to leave a message for you via e-mail or voice mail or with another person who may take the call?

_____ Yes _____ No

*** I am fully aware that a cell phone is not a secure and private line.

Patient (or guardian) Signature

Date

(Future changes to this form must be submitted in writing)

Acknowledgement of Receipt of Notice of Privacy Practices

I have received the notice of Privacy Practices from Agnello Spine & Sports Physical Therapy.

X _____
Initial

Date