ALASKA ALTERNATIVE MEDICINE CLINIC
3333 Denali Street, Suite 100
Anchorage, Alaska 99503-4038

PATIENT INFORMATION RECORD

DATE__________________ (Please Print) CHART#_____________

PATIENT'S LAST NAME___________________________FIRST NAME________________________________MI_____

RESPONSIBLE PARTY____

HOME ADDRESS____Temp?______Perm?_____

CITY, STATE, ZIP____

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)____

____E-MAIL_______________________

HOME PHONE______________________WORK PHONE______________________MESSAGE/CELL______________

SEX (M) (F) DATE OF BIRTH__________________AGE__________SOC. SEC. NO.______________________

EMPLOYER'S NAME____

EMPLOYER'S ADDRESS____

SPOUSE'S NAME____TEL.#____________________________

EMERGENCY CONTACT____PHONE#_______________________

REFERRED BY____

NOTICE OF PRIVACY RIGHTS

The providers and staff at Alaska Alternative Medicine Clinic are committed to maintaining the privacy of our clients' Protected Health Information (PHI), while providing high quality service. In accordance with the HIPAA regulations all patients will receive a full written notice of our client's privacy practices at their first office visit after April 14, 2003 that will explain:

- Your privacy rights regarding your protected health information (PHI).
- Our obligations concerning the use and disclosure of your PHI.

Indicate below any persons authorized to discuss your Protected Health Information with our office. Include the person's name and relationship to yourself. Include a start date and an end date to set restrictions for any individual(s).

Name	Relationship	Start Date	End Date
______________________________	____________	____________	____________
______________________________	____________	____________	____________

I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL FEES, REGARDLESS OF INSURANCE COVERAGE, AND THAT ALL CHARGES ARE DUE AT THE TIME OF SERVICE. I HEREBY AUTHORIZE DR. SANDRA DENTON AND AAMC TO FURNISH INFORMATION TO MY INSURANCE CARRIER CONCERNING MY ILLNESS AND TREATMENT.

DATE:_________ **SIGNATURE_____________________________________**