

**PLEASANT VALLEY OPHTHALMOLOGY**

**PATIENT PRIVACY QUESTIONNAIRE**

1. HEALTH: Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis:

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2. FINANCIAL: Please list the family members or other persons, if any, with whom we may discuss your financial situation with this office (your billing statements, account status, etc;):

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3. EMERGENCY ONLY: Please list the family members or other person, if any, whom we may inform about your medical condition ONLY IN AN EMERGENCY:

**\*\*NOTE:** If you do not put any names in this section, please provide a telephone number for one or two of the people listed under number 1 (HEALTH).

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

4. Should billing statements and/or correspondence from our office be sent to your home address?

YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, to which address should statements/correspondence be sent?

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5. At what phone number shall we call you regarding appointments, lab and x-ray results or other health care information?

Home number? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, please print the desired phone number here \_\_\_\_\_

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

6. Can confidential messages (i.e., appointment reminders) be left on your telephone answering machine or voicemail?

YES \_\_\_\_\_ NO \_\_\_\_\_

PATIENT NAME (please print) \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PATIENT (or guardian)