

SOUTHEASTERN FERTILITY CENTER AND REPRODUCTIVE SURGERY
11126 KINGSTON PIKE
KNOXVILLE TN 37934
865-777-0088

Patient Privacy Questionnaire

Patient's Name _____

1. May we leave confidential messages with anyone answering the telephone at your home? Yes ___ No ___
2. May we leave confidential messages regarding appointments, return calls for test results, etc. on your home answering machine or voicemail? Yes ___ No ___
3. May we leave confidential messages with anyone answering the telephone regarding appointments, lab results, or other healthcare information at numbers other than your home number? Yes ___ No ___
If yes, please list number(s) (____) ____ - _____; (____) ____ - _____
4. If we are unable to reach you by any of the above options, may we leave confidential messages at your place of employment? Yes ___ No ___

If we are unable to reach you by any other means, we will send information through the U.S. Postal service to your home address.

Signature of patient (or guardian if under age 18)

Date

I have received a copy of the Southeastern Fertility Center Notice of Information Practices/HIPPA Privacy Act. I understand that this Notice describes how my health information may be used or disclosed by Southeastern Fertility Center. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling (865) 777-0088 or requesting one at the office.

Signature of patient (or guardian if under age 18)

Date