

Southwestern Foot & Ankle Associates, P.C.

11500 Highway 121, Building 700, Ste. 710

Frisco, TX 75035

Dr. Thomas H. Tran

Patient's Emergency Contact Information

Emergency contact Person # 1: _____ Relationship to patient: _____

Home Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Area Code Area Code Area Code

Emergency contact Person # 2: _____ Relationship to patient: _____

Home Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Area Code Area Code Area Code

Emergency contact Person # 3: _____ Relationship to patient: _____

Home Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Area Code Area Code Area Code

Pharmacy : _____

Pharmacy Address: _____

Pharmacy Phone number: (____) _____ Fax (____) _____
Street City State Zip

Home Health (if Any): _____

Home Health Phone number: (____) _____ Fax (____) _____

Home Health Address: _____

Cancellation, Medical Record/X-ray copy, Disability & Family leaves of absence paper Policy

All appointments must be cancelled at least 24 hours in advance. You will be charged for appointment not cancelled at least 24 hours in advance. Insurance companies do not cover this expense. This will be the sole responsibility of the patient.

Copy of Patient's medical records requires \$ 25.00 fees, and copy of X-rays requires \$50.00 fees which must be paid before the copies are made. Please allow 7-10 working days for completion.

Disability & family leaves of absence paper requires \$25.00 fees that must be paid before the copies are made. Please allow 7-10 working days for completion.

HIPAA Authorization

Please Check all that apply.

I authorize Southwestern Foot & Ankle Associates, P.C. to use the contact information, phone numbers and email address listed on the front of this form to discuss or disclose information regarding any matters relating any matters relating to my appointments, insurance, physician referral information, and lab results.

I authorize Southwestern Foot & Ankle Associates, P.C. to use the additional contact information listed below to discuss or disclose information regarding any matters relating to my appointments, insurance, physician referral information, and lab results.

Name: _____ Relationship to patient: _____

Name: _____ Relationship to patient: _____

Name: _____ Relationship to patient: _____

I acknowledge receipt of this Notice of Privacy Rights that I have reviewed and give permission to Southwestern Foot & Ankle Associates, P.C. to use and disclose my health information in accordance to it.

Date

Print Name

Patient, Responsible Party or Guardians Signature