



Practice: Freeman Plastic Surgery
Address: 1855 Madison Avenue
Idaho Falls, ID 83404
Phone Number: (208) 881-5351

Patient's Last Name: First: Middle:

Address: City: State: Zip:

Telephone Numbers:

Home: Cell: Email:

Birth Date: Social Security Number:

Notice of Hipaa Privacy Practice

Please fill out the Personal Representative of the Patient Information section below Only If you do not represent yourself.

Personal Representative Relationship(Parent, Guardian, Etc.):

Printed Name of Personal Representative:

Signature of Personal Representative: Date:

Exclusions: List of Persons that may not be provided my personal health information.
Name of Person(s) excluded from my Private Health Information:

Inclusions: List of Persons that may be provided my personal health information.:

A Copy of our "Notice of Privacy Practices of the Medical Practice" is available for all Patients to view at the Reception Desk at your request.

Signature of Patient: Date:

Signature of practice employee:

I prefer to be contacted by the practice via: Email Mail Phone

I would rather the Practice not contact me via: Email Mail Phone