

NORTHWEST OB-GYN INC.
KAMLESH C. SANGHVI, M.D.

6310 N. Main St.
Dayton, OH 45415
(937) 278 - 6567

CONFIDENTIALITY FORM

PATIENT NAME _____ SOC.SEC # _____

Due to recent changes in the laws pertaining to patient confidentiality we are now required to have you sign a form, yearly, stating how you would like information regarding your health handled. This will include test and lab results whether normal or abnormal, appointment notices and medication changes. This is for your protection to help maintain your right to privacy. It will also help us to help you receive you health information in a way that suits you best. We want to continue to provide you with the highest quality of care possible. We thank you for your understanding and patience with this process.

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

2. Please list the family members or significant others, if any, whom we may inform about your medical condition and their phone number(s). ONLY IN AN EMERGENCY

3. Please print the address of where you would like your correspondence from our office to be sent if other than your home address: _____

4. Please print the telephone number where you want to receive telephone calls about your appointments, lab and x-ray results, or other health care information if other than your home telephone number: _____

5. Can confidential messages be left on your telephone answering machine?
Yes _____ No _____

PATIENT NAME (PRINT) _____
(Guardian if under 18 years of age)

PATIENT/GUARDIAN SIGNATURE _____ DATE _____

I have also received a copy of NORTHWEST OB-GYN INC. HIPPA policy

PATIENT/GUARDIAN SIGNATURE _____ DATE _____