

Annual Update And HIPPA Information

2014

**Emerald Coast Internal
Medicine And Geriatrics**

Dr.Emad Eisa

Please update the following information

Name: _____ DOB: _____
(Last) (First) (MI)

Social Security Number: _____

Cell Phone Number: _____

Home Phone Number: _____

Alternate Phone Number: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Would you like to receive the following?

Text Notifications: Y N Email Notification: Y N

Insurance Carrier: _____

Insurance ID Number: _____

Patient Authorization for Use and Disclosure of Protection Health Information

By signing, I authorize Emad Eisa, M.D at Emerald Coast Internal Medicine and Geriatrics to use/disclose certain protected health information (PHI) about me to the following: (Please list any members for emergency contact or that may receive medical information from our office. Name, Number, And relation to patient.)

1. _____
2. _____
3. _____

This authorization permits Emad Eisa, M.D at Emerald Coast Internal Medicine and Geriatrics to use/disclose the following individually identifiable health information about me. Only appointment times and dates will be given over the phone. The person listed above may be allowed to accompany the patient into the room during an appointment. Any additional information will also be given at request of the patient.

This authorization will expire a year from the signed date below.

Signature: _____
(Signature of Patient or Legal Guardian) (Relationship to Patient)

(Please Print Your Name) (Date)