

South Florida Internal Medicine & Primary Care
 680 Second Avenue North, Suite 203 Naples FL 34102
 239-330-1382 305-570-4385 fax

Identifying Information

First Name:	Middle Name:	Last Name:
Gender: M F	DOB:	Social Security #:

Contact Information

Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Email:	Hm Phone:	Mobile Phone:

Demographics

Ethnicity: Non-Hispanic Hispanic	Preferred Language:	Race:
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Other Information

Occupation:	Employer:	Employer Phone:
Emergency Contact:	Emergency Phone:	Full Time Naples Resident: Y N

Patient Insurance

Ins. Company:	Policy No.:	Group No.:
Ins. Company:	Policy No.:	Group No.:

Acknowledgement of Notice of Privacy Practices

I have been given the opportunity to review South Florida Internal Medicine & Primary Care Notice of Privacy Practices (separate document) prior to signing this acknowledgement. I hereby acknowledge that Dr. Canterbury may use and disclose my protected health information to carry out treatment, payment and healthcare operations. The notice of privacy practices provides a complete description of such uses and disclosures. Uses and disclosures not listed in the notice of privacy practices will require my prior written authorization.

I may make restrictions to the use and disclosure of my protected health information or revoke a previous request for restriction at any time except to the extent that the practice has already made disclosures in reliance upon my prior authorization to do so. Both request for restrictions and revocations must be in writing. By signing below I am acknowledging that I have received the notice of privacy and understand my rights to modify how my information is used and disclosed. If Dr. Canterbury determines that my restrictions make it impossible for him to carry out my treatment, payment and healthcare operations; he may refuse to accept me as a patient.

Signature:	Date:
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