



### Natural Image Skin Center Registration Form

New Patient     Name Change     Address Change     Insurance Change

**Present ALL insurance cards to the receptionist. If a patient is a minor & you are not the legal guardian, please see the receptionist immediately.**

**Patient Information:** Legal Name: (First, MI, Last) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male  Female  Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Natural Image Skin Center may contact me by:**     Text     Email     Call

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_

#### Insurance Information

Primary Insurance Company: \_\_\_\_\_ Secondary: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**HIPAA PRIVACY POLICY:** Patients over the age of 18 are protected under the Federal Health Insurance Portability and Accountability Act. This Federal Law prohibits any staff member of Natural Image Skin Center from discussing appointments, medication, test results or treatment plans with anyone other than the patient. Often, this causes difficulty for some patients who would like family members or caretakers to obtain information for them. If you would like to permit someone to discuss your medical condition, confirm appointments or obtain results for you, please indicate their name(s) below. Should you wish to update the names provided below, please ask the receptionist for a HIPAA form. Natural Image Skin Center cannot give any medical information to persons who are not listed on this form.

**Name of Individual (Please print)**

**Relationship to Patient**

1. \_\_\_\_\_
2. \_\_\_\_\_

I acknowledge that I understand the above policy and I have received a copy of the practice's Notice of Privacy Practices (if requested) related to the Health Insurance Portability and Accountability Act of 1996.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_