

# Contact and Privacy at Totem Lake Family Medicine (TLFM)

## 1. Contact Information

Date of Birth: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Leave Message?  Yes  No

Work Phone: \_\_\_\_\_ Leave Message?  Yes  No

Cell Phone: \_\_\_\_\_ Leave Message?  Yes  No

Male  Female

Marital Status:  Single  Married  Widowed  Divorced  Separated  Domestic Partner

## 2. Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## \*3. Sharing TLFM can share my health information with:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

(\* **Please note:** TLFM cannot share **ANY** information without written consent from the patient or their representative-- this includes spouse or domestic partner)

## 4. Meaningful Use at TLFM

Based on new federal government meaningful use requirements, we are now collecting more details regarding patient language, race, and ethnicity.

My Language Preference:

- I prefer not to answer
- English
- Spanish
- Russian
- Arabic
- Chinese
- German
- Japanese
- Vietnamese
- Other \_\_\_\_\_

My Race is:

- I prefer not to answer
- Caucasian/White
- Hispanic/Latino
- American Indian
- Asian
- Alaskan Native
- African American
- Native Hawaiian
- Pacific Islander
- Other \_\_\_\_\_

My Ethnicity is:

- I prefer not to answer
- Hispanic/Latino
- Not Hispanic/Latino

With my signature below, I acknowledge and understand that this information will be kept in my medical records and will remain in effect until revoked by me in writing. It is my responsibility to notify my healthcare provider should I wish to change the information above.

\_\_\_\_\_  
Patient or Legally Authorized Signature

\_\_\_\_\_  
Date