CASTLE ROCK MEDICAL CENTER
PATIENT INFORMATION

Legal Last Name_____ Legal First Name _____ MI_____

Preferred name/nickname_____ Sex (M) (F)_____ E-mail address_____

DOB_____SS#_____Marital Status _____ Employer_____

Telephone: Home_____Cell_____Work_____

Address_____
(Street and mailing address if different) City State Zip

Spouse Name_____DOB_____SS#_____

Emergency Contact _____Relationship_____Phone_____

Pharmacy_____City_____

========== **PARENT OR GUARDIAN INFORMATION (if minor)** ==========

Father's Name_____DOB_____SS#_____

Address_____
(Street and mailing address if different) City State Zip

Telephone: Home_____Cell_____Work_____

Employer _____ Is this person a patient here? _____

Mother's Name_____DOB_____SS#_____

Address_____
(Street and mailing address if different) City State Zip

Telephone: Home_____Cell_____Work_____

Employer _____ Is this person a patient here? _____

========== **INSURANCE INFORMATION** ==========

Primary Insurance_____Policy#_____Group#_____

Primary Insurance Address_____

Policy Holder Name _____DOB_____SS#_____

Policy Holder Address _____ Relationship to patient _____Employer_____

Secondary Insurance_____Policy#_____Group#_____

Secondary Insurance Address_____

Name of Policy Holder_____DOB_____SS#_____

Policy Holder Address _____Relationship to Patient _____Employer_____

Please initial:

_____I authorize treatment of the patient named above and agree to pay all charges for such treatment. I also authorize the release of medical or other information necessary to process health insurance claims, authorize CRHD permission to seek records for continuation of care and authorize my insurance benefits to be paid directly to CRHD.

_____ I authorize CRHD to contact me at the cell phone number(s) listed above.

_____ I acknowledge that I have received, read, understand and agree to the terms set forth in CRHD's Financial Policy.

_____ I acknowledge that I have received, read and understand CRHD's HIPAA Privacy Rule.

_____ I acknowledge that Behavioral Health records are maintained in the same Electronic Health Record as Personal Health Information (PHI) and are accessible by other CRHD staff who are involved in patient care.

Patient or Responsible Party_____Date_____