

**Sun Valley Weight Management Clinic, LLC**  
**Health Insurance Portability and Accountability Act (HIPPA)**  
**Privacy Compliance Patient Questionnaire**

**Compliance Privacy Rules Notification**

Please read and review the general guidelines below. If you have any uncertainties please ask at the front desk for assistance. All information provided or obtained from patients or relatives of that patient are kept within a strictly professional and ethical manner. Information and data will not be leaked in any form not benefiting your medical service. Please answer all questions truthfully to ensure adequate service.

Upon receiving any type of lab testing through Sun Valley Weight Management Clinic, LLC the doctor will discuss your lab results with you, be it normal or abnormal. A phone call may be placed to your home or mobile number upon request. Lab testing include: TSH level and electrolytes.

1. If you choose to be informed via telephone of your current medical condition and diagnosis, please indicate person(s) eligible at your home whom we may notify of the condition, indicating their full name and relation.

<i>Name</i>	<i>Relation</i>
A.) _____	_____
B.) _____	_____
C.) _____	_____

2. Please indicate your full mailing address where you would like to receive billing statements and/or correspondence from Sun Valley Weight Management Clinic, LLC if different from your home address. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please indicate a phone number(s) including the area code if it differs from the one previously provided where we may contact you or if you simply choose to get notified at a different phone number.

A.) ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
B.) ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

4. May confidential messages be left (including appointment reminders) on answering machines or voicemail? (Y / N) \_\_\_\_
5. If you do not have voice mail, can a message asking you to call us about results or to confirm your appointment be left at your place of employment? (Y / N) \_\_\_\_
6. If you are moving within the next 30 days, or changing home or work numbers or location, please let us know. This is to ensure you are always kept up to date with your relevant and private information.

**New address:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, have read and fully understand the statements fore mentioned on \_\_\_\_/\_\_\_\_/\_\_\_\_. Any doubts and uncertainties have been clarified by the Sun Valley Weight Management Clinic, LLC staff member:

**Patient Signature** \_\_\_\_\_