

## YOUR PRIVATE INFORMATION FORM

I. Please list the family members or other people whom we may inform about your general medical condition and your diagnosis.

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II. Please list the family members or significant others whom we may inform about your medical condition **ONLY IN AN EMERGENCY**.

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III. Please print your address below. Your billing statements and/or correspondence from our office will be sent to your home address.

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IV. All correspondence from our office will be sent in a sealed envelope via US postal service addressed directly to you.

V. Please print the telephone number where you would like to receive calls about your appointments, lab and x-ray results or other healthcare information:

Day: \_\_\_\_\_ Evening: \_\_\_\_\_

VI. Please list phone number where confidential messages (i.e. Lab results, appointment reminders) can be left on your answering machine:

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

VII. If you do not have voicemail, can a confidential message be left at your place of employment?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

VIII. If you have a power of attorney or a living will, may we have a copy?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**I understand that my medical record will be destroyed 5 years after my last visit with Dr. Damico.**

PATIENT NAME \_\_\_\_\_ (Guardian if under 18 yrs)

\_\_\_\_\_  
PATIENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**You may request a copy of Dr. Damico's Notice of Privacy Practice from the front office.**