



Receipt of Notice of Privacy Practice Third Party Access/Emergency Contacts

I acknowledge St. Bernards Clinic's Notice of Privacy Practices and can obtain a copy of this notice if so desired.

Name of Patient: _____ **Date of Birth:** _____

Please **PRINT** below any family, friends, etc. that you would like us to be able to give information to. These names will be added as contacts in our computer system and should anyone call requesting information, the list will be referenced and information will not be disclosed if the name is not indicated in the computer from your list below. Please indicate on the form by checking YES or NO if you would like them listed as an emergency contact. If you do not indicate one as an emergency contact, the primary contact will be designated.

Name

Relationship

Contact Number

Primary Contact:

Do you want this person listed as an emergency contact? Please check Yes No

Secondary Contact:

Do you want this person listed as an emergency contact? Please check Yes No

Other Contacts:

Name

Relationship

Contact Number

1) _____

Do you want this person listed as an emergency contact? Please check Yes No

2) _____

Do you want this person listed as an emergency contact? Please check Yes No

3) _____

Do you want this person listed as an emergency contact? Please check Yes No

Patient Signature **X** _____ **Date:** _____