

Chicago Plastic Surgery Center, LLC
Stacie D McClane, M.D.

Contact and Privacy Information

In an effort to protect your privacy, and in accordance with the Health Insurance Portability and Accountability Act (HIPAA), we make every effort to contact you as you wish. Please assist us in protecting your confidentiality by providing us with the follow information.

Name: _____

Address: _____

Can we send mail to this address? Yes _____ No _____

E-mail : _____ Can we contact you via e-mail? Yes ___ No ___

Contact Phone Numbers

Home _____ Can we call you at this number? Yes ___ No ___

Can we leave a message at this number? Yes ___ No ___

Work _____ Can we call you at this number? Yes ___ No ___

Can we leave a message at this number? Yes ___ No ___

Cell _____ Can we call you at this number? Yes ___ No ___

Can we leave a message at this number? Yes ___ No ___

We can provide your health information to the following people:

NAME

RELATIONSHIP

NAME

RELATIONSHIP

NAME

RELATIONSHIP

Are there any special circumstances regarding your contact information and your privacy? _____

Signature _____

Date _____