Anthony J. Badame, M.D. ✧ 2025 Forest Avenue, Suite 9 ✧ San Jose, California 95128 ✧ (408)297-4200

WELCOME TO OUR OFFICE

PATIENT INFORMATION

Patient Name:____ **Date:**____________________
First Middle Last

Home Address:____
City:_________________________________State:____________________Zip:____________________
Home Telephone:( )___________________________ Cell Phone: ( )__________________________
Email:_________________________________ Birthdate:________________Age:__________ M ☐ F ☐
Occupation:____________________________ Employer:_______________________________________
Work Telephone:( )___________________________

Name of Spouse:__________________________Work Telephone:( )_____________________________

In Case of Emergency, Contact:_________________________________Relationship:____________________
Emergency Contact: Home Phone:( )____________________Work Phone:( )____________________

Primary Care Physician:_________________________________

How Were You Referred to Dr. Badame?

☐ Dr.______________________________ ☐ Friend/Relative:________________________________
☐ Insurance Book ☐ Yelp ☐ badame.com ☐ Internet ☐ Other____________________

RESPONSIBLE PARTY INFORMATION

Complete this section **only** if someone other than the patient is financially responsible; ie, parent or guardian.

Responsible Party:____Relationship:____________________
Address:____City:__________________________
State:_____________Zip:_____________________Home Telephone:( )_____________________________
Cell Phone: ( )___________________________Work Telephone:( )_____________________________
Email:__________________________Occupation:____________________Employer:_____________________

INSURANCE INFORMATION

Note: We do not belong to any HMOs or other insurance companies that require prior-authorization. It is your responsibility to ensure you are covered by your insurance company.

Name of Primary Insurance:__________________________Secondary Insurance:________________________

Assignment and Release: I authorize payment of medical benefits to Dr. Badame for services billed to my insurance company. I also authorize the release of any medical or other information necessary to process my insurance claim. Deductibles and co-payments are my responsibility. Non-payment of approved charges is my responsibility. Non-payment of charges to an HMO or other insurance company in which Dr. Badame does not participate is my responsibility.

HIPAA NOTICE OF PRIVACY PRACTICES

Privacy Officer: Anthony J. Badame, M.D. (408)297-4200

You have the right to request a restriction of your protected health information. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. You then have the right to use another healthcare professional.

You have the right to request confidential communications from us by alternative means or at an alternative location.

You have the right to inspect and receive a copy of your protected health information.

You possess the right to have your physician amend your protected health information.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

I hereby acknowledge that I have read a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a detailed copy of the current notice is available in the reception area, and that upon my request, I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

SIGNATURE____ **DATE**___________________________