

40 Hurley Ave. Ste 4
Kingston, NY 12401
845-338-5600
845-338-3058 fax

4250 Albany Post Rd Ste 1
Hyde Park, NY 12538
845-229-2602
845-229-2830 fax

Patient Registration Form

SSN: _____ Patient's First Name: _____ Last Name: _____ MI: _____

Date of Birth: _____ Sex: M F Address: _____

City: _____ State: _____ Zip: _____ Country: _____ Race: _____ Ethnicity: _____

Home Phone: _____ Cell one: _____ EMAIL: _____

Marital Status: _____ Employer Name: _____ Employer Phone: _____

Reason for today's visit: _____ **Preferred Language:** _____

How did you hear about us? _____ **Primary Physician's Name:** _____

Insurance: _____ Group# _____ ID# _____ Copay _____

Policy Holder's Name: _____ Relationship: _____

Last Name First Name

Policy Holder's Address: _____ City: _____ ST: _____ Zip: _____

Policy Holder's Date of Birth: _____ **Phone Number:** _____ **Sex:** Male Female

Policy Holder's Employer Name _____ SSN: _____

Emergency One has my permission to leave a message with a family member or on my home answering machine to confirm an appointment or leave test results. Yes _____ No _____ Alternative Number _____

I am aware of the consent for care on the reverse side of this registration form and consent to care as described in the consent.

_____ Date: _____ Time: _____

Patient Signature or Legal Representative

_____ Date: _____ Time: _____

Witness to Signature

40 Hurley Ave. Ste 4

4250 Albany Post Rd Ste 1

Kingston, NY 12401

Hyde Park, NY 12538

845-338-5600

845-229-2602

845-338-3058 fax

845-229-2830 fax

I consent to customary care which consists of, but is not limited to: nursing services, administration of medications and intravenous therapy, noninvasive diagnostic procedures, and routine laboratory work (including random drug screening) as ordered by the physician when necessary as a patient at Emergency One* Urgent Care and Diagnostic Center.)

I am aware:

- A. I have a right to receive from the physician or other health care professional any and all information about invasive, non-routine procedures that are proposed to me.
- B. I have the right to consent or refuse to consent to any proposed treatment while a patient at Emergency One.
- C. I acknowledge that no guarantees of cure have been made to me as a result of examination or treatment while here at Emergency One*.
- D. I further consent to the necessary transfer of medical information about me for purposes of insurance, workers' compensation, including fitness to return to work, or transfer to another facility or physician for continuation of my care, if necessary.
- E. I understand that if I submit to a drug screen for an employer or potential employer, the results will be released to that employer or potential employer.
- F. I authorize insurance payment of medical benefits for the services rendered.
- G. In the event that a service is not covered by my insurance company, I will be responsible for payment to Emergency One*.

Patient Privacy Notice:

I acknowledge that I have been provided with a copy Emergency One's* **Patient Privacy Notice** that describes how my personal medical information may be used and disclosed and how I can get access to this information.

I am aware that I am consenting to routine care as described above while at Emergency One.

I have had the opportunity to ask questions about this consent and they have been answered to my satisfaction.