

Ford Vision Clinic Patient Data Sheet

- Please check here if you are a new patient. All blanks on all pages must be filled out.

- Please check here if you are a returning patient. If any information has changed, please update it below. If nothing has changed, please leave blank. Returning patients must sign the Privacy Policy and fill out both pages.

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Cell Phone _____ Home Phone _____

Preferred Form of Communication (please indicate) Phone Text Email

Race: _____ Gender: _____

Employer: _____ Occupation: _____

Medical Insurance: _____ Policy Holder: _____ Policy ID#: _____

Vision Insurance: _____ Policy Holder: _____ Policy ID#: _____

Policy Holder's Date of Birth: _____ Policy Holder's Social Security Number: _____

Privacy Policy

In order to ensure compliance with Health Care Information Portability and Accessibility Act of 1996 (HIPPA), this practice has established a privacy policy to provide for the security of your medical records. All patient records shall be stored on an encrypted computer system with access restricted to qualified personnel. No patient information shall be shared with another health care provider without the patient's written, signed consent with the exception of a medical emergency where the patient's life may be compromised without said information. No patient information, including but not limited to medical information, demographic information, lifestyle information, and financial information shall be released for the purpose of marketing outside of the practice. Any and all computer terminals containing patient information are secured by password protection with only qualified staff possessing a password to access the computer systems. If you have any questions or concerns about your privacy and your medical records, please do not hesitate to ask the doctor or our staff members.

Patient Signature: _____ Date: _____

Parent/Guardian Signature (if pt is under 18) _____ Date: _____