



Juneau Family Health and Birth Center
Information and Registration

1601 Salmon Creek Lane, Juneau, AK 99801 | phone: 907.586.1203 | fax: 907.586.5765 | www.juneaubirthcenter.org

Name:		
Address:		
Date of Birth (DOB):		Social Security #:
Home Phone:	Work Phone:	Cell Phone:
Email:		
Employer:		Annual Income:
Spouse's Name:		Primary Care Physician:
Emergency Contact:		Relationship:
Emergency Contact Address:		Emergency Contact Phone #:
Pharmacy Name:		Pharmacy Phone #:
If Seeing JFHBC for Pregnancy: Last Menstrual Period		Is this your first baby?

INSURANCE INFORMATION

Primary Insurance Plan:	
Subscriber Name:	
Insurance ID #:	Group #:
Subscriber SSN:	Subscriber DOB:
Secondary Insurance Plan:	
Subscriber Name:	
Insurance ID #:	Group #:
Subscriber SSN:	Subscriber DOB:



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Confidential Communication of Protected Health Information

The Health Information Privacy and Portability Act (HIPPA) gives individuals the right to request restrictions on uses and disclosures of their protected health information (PHI). Individuals can also request confidential communications be made by alternative means, such as sending correspondence to an individual's office instead of his or her home. This form allows Juneau Family Health and Birth Center, or Larsen Billing Service, to contact you via the methods indicated below **AND** to disclose information, including financial information, to the third party designated below:

I wish to be contacted in the following manner:
(Check all that apply)

- Home Telephone: _____
- Work Telephone: _____
- Fax number: _____
- Email: _____
- Text Message: _____
- Cell Phone: _____
- OK to leave detailed message
- Leave message to call back only

You can communicate information about me to the following people:
(Check all that apply)

- Spouse (name): _____
- Partner (name): _____
- Family Member(s): _____
- Caregivers: _____
- Others: _____
- Only contact me

Patient or Legal Guardian Signature

Date

Print Patient Name

Patient Date of Birth



I understand that as part of my healthcare, the Juneau Family Health and Birth Center (JFHBC) originates and maintains paper and/or electronic records describing my health history, symptoms, examinations and test results, diagnosis, treatment and any plans for future care or treatment.

I understand and have been provided with a *Notice of Health Information Practices* that provides a more complete description of information uses and disclosures of protected health information (PHI.) I understand that I have the right to:

- Review a copy of *Notice of Health Information Practices*
- Request restrictions on uses and disclosures of my PHI
- Request to receive communications of PHI in confidence
- Inspect and obtain a copy of the PHI in my record
- Request an amendment to my PHI
- Receive an accounting of disclosures of PHI
- Revoke my authorization to use or disclose PHI

I understand that by refusing to sign this document, JFHBC may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations.

I further understand that JFHBC reserves the right to change their *Notice of Health Information Practices* prior to implementation in accordance with Section 164.520 of the Code of Federal Regulations.

By signing this, I acknowledge that I have received and understand the *Notice of Health Information Practices*.

Signature

Today's Date

Client Name – please print

Phone number

Mailing address (including zip code)

Client Email address

Received by (JFHBC Staff Member)



Juneau Family Health and Birth Center

Massage Appointment Cancellation Policy

1601 Salmon Creek Ln, Juneau, AK 99801 907.586.1203 www.juneaubirthcenter.org

Juneau Family Health and Birth Center maintains a massage appointment cancellation policy to ensure that our massage therapist's schedule remains full.

The policy is as follows:

- Notice of cancellation for massage appointments is required by 5pm on the day prior to the appointment. If we do not receive notice of cancellation by this time, clients will be charged for the unused slot.
- Labor and/or birth will be exempt from this policy.

By signing below, I certify that I have read and understand this policy.

Signature

Date

Name – please print

Phone number