

Aspen Creek Family Medicine
19641 E. Parker Square Drive, Suite A
Parker, CO 80134
Phone: 303-840-3800 Fax: 303-840-8442

HIPAA/ Patient Responsibility

Due to HIPAA rules and regulations, we MUST have consent to speak to anyone other than yourself about your medical information. Please list those family members with whom we are allowed to leave detailed information and/or release information regarding your medical condition or treatment.

Name: _____ Phone#: _____

Name: _____ Phone#: _____

IS IT OKAY TO LEAVE PERSONAL INFORMATION ON YOUR VOICE MAIL? () YES () NO

Phone number for voice mail: _____

Are your injuries related to a motor vehicle accident or work place accident? () Yes () No
(Please note, we do not bill auto insurance)

Are your injuries related to a workers compensation accident? () Yes () No

***If yes, who is your insurance? _____

Claim #: _____

We will bill your insurance company as a courtesy; however, if you do not provide your current insurance card at the time of service the visit may be billed as self-pay and you will be financially responsible for the balance.

I certify that the information provided is true and correct to the best of my knowledge. I will notify you of any changes in my status on the above information.

Patient Signature

Date