

**We appreciate your patience during our transition to EPIC electronic medical records! Here are a few things we need to make the check in process a bit quicker.**

**Please hand us your photo ID and insurance card and while we are scanning your information into the system please sign a new HIPAA form (attached) and answer the following questions below:**

**(This information will help us register you on epic)**

**Preferred laboratory:**

Quest  Labcorp  Bioreference  UCSF  Other

**Favorite pharmacy (please include address):**

**Race:**

**Ethnicity (please be specific):**

**PCP (Primary Care Provider):**

**Thank you!**

**Acknowledgement of Receipt of Notice of Privacy Practices**

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signed: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

**Health Information Privacy Practices.**