CHATTANOOGA AUTISM CENTER

CHATTANOOGAAUTISMCENTER.ORG
(423) 531-6931
1400 MCCALLIE AVENUE, SUITE 100
CHATTANOOGA, TN, 37404

PATIENT INFORMATION

_____ _____ _____ M F _____
First Name MI Last Name Circle Date of Birth

_____
Street Address City State Zip

_____ _____ □ Ok to send appt. reminders
Social Security Number Email Address

(____)_____ □ Ok to leave message (____)_____ □ Ok to leave message
Home Phone Work Phone

(____)_____□ Ok to leave message and/or text appointment reminders
Cell Phone

_____ (____)_____ (____)_____
Primary Care Physician (PCP) PCP Phone PCP Fax

_____ (____)_____ (____)_____
Person Responsible for Account Home Phone Work Phone

PRIMARY INSURANCE INFORMATION

_____ Patient's relationship to insured □ Self □ Child □ Spouse
Name of Primary Insurance Company

_____ _____ _____ _____
Primary Cardholder's First Name Last Name Date of Birth Social Security #

_____ _____ _____
Insured's Policy Number/ID Number Insured's Group Number Insured's Employer

SECONDARY INSURANCE INFORMATION

_____ Patient's relationship to insured □ Self □ Child □ Spouse
Name of Secondary Insurance Company

_____ _____ _____ _____
Primary Cardholder's First Name Last Name Date of Birth Social Security #

_____ _____ _____
Insured's Policy Number/ID Number Insured's Group Number Insured's Employer

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ACKNOWLEDGEMENT OF RECEIPT OF PATIENT NOTIFICATION OF PRIVACY PRACTICES

I, _____, have been presented with a copy of Chattanooga Autism Center's **Patient Notification of Privacy Practices**, detailing how my information may be used and disclosed as permitted under federal and state law, and I understand the contents of the Notification. By law, CAC is required to obtain your signature indicating you have been presented with this document. Your signature below does not surrender any rights or confidentiality.

I have received a copy of the **Clinical Policy Procedures** and **Financial Policies** and agree to them.

_____
Print Patient/Guardian's Name

_____ _____
Patient/Guardian's Signature Date Signed
(must be at least 18 years old or older)

_____ _____
Witness Signature Date Signed