



**PATIENT DEMOGRAPHIC UPDATE**

Please update your information below so we can verify that everything is correct in our systems. Thank you!

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

**\*\* Email Address \*\*** \_\_\_\_\_

Sibling Names/ DOBs: \_\_\_\_\_

PREFERRED CONTACT NUMBER ( CIRCLE ONE ):	HOME	CELL	
APPOINTMENT REMINDER METHOD ( CIRCLE ONE ):	VOICE MSG	TEXT MSG	EMAIL
ARE YOU REGISTERED FOR THE PATIENT PORTAL?	YES	NO	

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT**

We keep a record of health care services we provide to you. You may request to see and receive a copy of that record. You may also ask for correction of that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may request to review your record or get more information about it by contacting our privacy officer, Kristen Barker (985) 646-1580 ext.40. Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed and how you can access your information.

By my signature below, I acknowledge receipt of the Notice of Privacy Practices (Revision: 02/27/2015)

\_\_\_\_\_  
Parent or legally authorized individual signature Date & Time

\_\_\_\_\_  
Printed Name if signed on behalf of the patient Relationship