

WELCOME

NEWTOWN CENTER PEDIATRICS

Laura Nowacki, MD
Jennifer Burns, APRN
Emilie Koepke Gibbs, PA-C
10 Queen Street
Newtown, CT 06470
(203) 426-3267

TODAY'S DATE _____

PATIENT(S) INFORMATION

PATIENT NAME _____ MALE FEMALE DOB _____

PATIENT NAME _____ MALE FEMALE DOB _____

PATIENT NAME _____ MALE FEMALE DOB _____

PATIENT NAME _____ MALE FEMALE DOB _____

PARENT INFORMATION

MOTHER

NAME _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME NUMBER (____) _____ - _____ CELL NUMBER (____) _____ - _____

EMAIL _____

FATHER

NAME _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME NUMBER (____) _____ - _____ CELL NUMBER (____) _____ - _____

EMAIL _____

INSURANCE INFORMATION

****PLEASE PRESENT CARD AT EVERY VISIT****

INSURANCE COMPANY _____ EFFECTIVE DATE _____

IDENTIFICATION # _____ GROUP # _____

POLICY HOLDER'S NAME _____ POLICY HOLDER'S DOB _____

PLEASE COMPLETE BOTH SIDES



HIPAA RELEASE & CONSENT

I GIVE NEWTOWN CENTER PEDIATRICS PERMISSION FOR THE FOLLOWING:

- TO SEND APPOINTMENT REMINDERS VIA TEXT AND/OR EMAIL.
- TO LEAVE A DETAILED MESSAGE ON THE FOLLOWING PHONE #'S (PLEASE CHECK ALL THAT APPLY)

CELL HOME WORK OTHER _____

SIGNATURE _____ DATE ____/____/____ RELATIONSHIP _____

PRIVACY NOTICE ACKNOWLEDGEMENT

I hereby acknowledge that I have received a copy of Newtown Center Pediatrics **NOTICE OF PRIVACY PRACTICES** (See attached). I understand that if I have questions or complaints regarding my privacy rights that I may contact the Privacy Officer. I further understand that the practice will offer me updates to this notice should it be modified in any way.

SIGNATURE _____ DATE _____ RELATIONSHIP TO PATIENT _____

