

REGISTRATION FORM
◆ Please turn off all cell phones ◆

Service Requested:

Surgical Abortion with: Local (awake) _____ Twilight _____ General (asleep) _____
(Driver **MUST** be present)

Medical (Pill) _____ Other _____

Marital Status: _____ Race: _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number () _____

Patient's age _____ Date of Birth _____

Occupation _____ Place of Employment _____

Name of Emergency Contact _____ Relationship _____

Emergency Contact Phone No. () _____

How did you hear about us? web friend returning phone book DR:(name) _____

Other: _____

First day of your last normal period? _____

Have you had a sonogram for this pregnancy? Y N Date _____ How many weeks? _____

Where was the sonogram performed? _____

Form of payment: Cash _____ Credit _____

Signature : _____ Date: _____

**The above information is accurate and complete. I have read the privacy statement on the
back of this page. —————▶**

Potomac Family Planning Center

Notice of privacy practices for protected health information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Potomac Family Planning Center (PFPC) is committed to protecting the privacy of your health record and confidentiality of your visit. Your healthcare record, known as a chart, and the information it contains will not be disclosed to anyone or any agency outside of PFPC without written authorization from you unless such a release is required by law.

PFPC will use your health information for the purpose of:

- Treatment: for example, information obtained by staff will be used to determine your best course of treatment.
- Payment: for example, a bill may be sent to your insurance company with information that identifies you, as well as your diagnosis and procedure.
- Healthcare Operations: for example, PFPC may share your information with other healthcare providers to assist them in helping you. For example, if you got to your private doctor or clinic for your check-up.
- We may disclose your medical information as required by law. For example, to the Food and Drug Administration (FDA) relative to adverse events such as product defects or product recalls.
- To public health or legal authorities charged with preventing or controlling disease, injury, domestic abuse, child abuse, or neglect.
- For Law enforcement purposes such as in response to a valid subpoena.

Your Health Information Rights

Although your health record is the physical property of PFPC, you have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a copy of your health record and an accounting of disclosures of your health information
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken. All requests must be in writing.

PFPC reserves the right to change practices and to make the new provisions effective for all protected health information we maintain. Should PFPC's information practices change, we will post the changes in the clinic and on our website.

For more information or to report a problem

If you have questions, or if you want to report a problem, please contact PFPC's Privacy Officer, (301) 251-9124. Complaints may also be filed with the Secretary of Health and Human Services, (866) 627-7748.