



Cohesion Phenomics
230 Spindale Street, Suite B
Spindale, NC 28160

Phone 828.375.0145
Fax 828.375.0148
CohesionPhenomics.com

LABEL HERE

Patient Registration

PATIENT INFORMATION

First Name		Phone			
Last Name		Email			
Middle Name		Date of Birth		Gender	M F
Street Address					
City, State & Zip					

REFERRED BY

Physician Name		Phone			
Specialty		Fax			
Institution					
Street Address					
City, State & Zip					

REASON FOR GENETIC CONSULTATION

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NOTICE OF PRIVACY PRACTICES

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

As a health care provider, we gather, maintain and disclose PHI about our patients for purposes of our patients' treatment, payment, or overall healthcare operations. We respect the privacy of your PHI and understand the importance of keeping this information confidential and secure. We are required by law to maintain the privacy of your PHI by implementing reasonable and appropriate safeguards. We are also required to explain to you by this Notice, our legal duties and privacy practices with respect to PHI. We are also required by law to notify affected individuals following a breach of unsecured PHI.

Uses and Disclosures Requiring Your Authorization

We must obtain your written authorization prior to the following uses and disclosures of your PHI:

1. Marketing Activities – We must obtain your written authorization to use your PHI to send you marketing materials.
 2. Sale of PHI – We must obtain your written authorization prior to any sale of your PHI. You should not infer that Cohesion Phenomics has any plans to sell your PHI.
- All other uses and disclosures of your PHI that are not described in this Notice require your written authorization.

HIPPA RECEIPT ACKNOWLEDGEMENT

By signing below, I acknowledge that I have received, reviewed, understand and will comply with the policies and procedures in the HIPAA patient form as provided by Cohesion Phenomics.

Patient Printed Name	X		
Patient Signature	X		Date