



Chambers Program Registration Form *(Please Print)*

Medical Only

Dental Only

Medical & Dental

Name: _____

Responsible Party: _____ **Relationship to Patient:** _____
(If under 18)

Number of Dependents: _____

Address: _____

City/State/Zip: _____

Best Phone number to reach you: (____) _____ **2nd Phone:** (____) _____

Date of Birth: _____ **Sex:** Male Female

Race: White/Caucasian Black/African American Asian Multi-racial
American Indian Other **Hispanic:** Yes No

Circle appropriate program name:

Associations:	Chamber of Commerces:	
Greater Chapel Hill Association of Realtors (GCHAR)	Chapel Hill- Carrboro	Caswell County
	Hillsborough-Orange County	Chatham
	Roxboro Area	

GCHAR / Chamber Employer: _____

Employed Since: _____ **Job/Occupation:** _____

Email: _____ **Military Veteran:** Yes No

Health Center where you want to receive care: _____

Emergency Contact: Name: _____

Phone: _____ **Relationship:** _____

****Please bring photo identification when visiting any of our six community health centers****

TREATMENT/OPERATION/PAYMENT AGREEMENT WITH PIEDMONT HEALTH SERVICES, INC.

I authorize PIEDMONT HEALTH SERVICES to provide me and/or my family with medical/dental care. I authorize assignments of insurance benefits for medical/dental care to be paid to PIEDMONT HEALTH SERVICES. I authorize the use or disclosure of protected health information belonging to myself and/or family members for the purposes of treatment and operations. I understand that it is my responsibility to pay for the medical/dental care provided by PIEDMONT HEALTH SERVICES. **I have reviewed the Notice of Information Privacy Practices and have been offered a copy of it.** I have been given an opportunity to ask questions about the Privacy Policy and the protection of my confidential health information at PIEDMONT HEALTH SERVICES. I also attest that all of the information I have provided is correct.

Signature: _____ **Date:** _____
(Patient or responsible party if under 18)

Return by fax to (919) 933-9201 or mail to 299 Lloyd Street, Carrboro, NC 27510 attention Amy Rix.
Visit our website: www.piedmonthhealth.org



Notice of Information Privacy Practices

Effective date: April 13, 2003

WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU
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.

Piedmont Health Services may use or disclose Protected Health Information (PHI) about you in the following circumstances:

- *To provide health care treatment to you*
- *To obtain payment for services rendered*
- *For operation of our health care facilities*
- *When the state or federal law requires it*
- *To contact you with appointment reminders*
- *To contact you with information about treatment or services*

Where your Protected Health Information is concerned, you have the right

- *To object to certain uses or disclosures*
- *To request restrictions on the uses or disclosure of information about you*
- *To request different ways of communicating with you*
- *To request copies of your health care information*
- *To request an amendment of PHI about you*
- *To see a list of disclosures we have made of your PHI*
- *To request a copy of this notice*

**You may file a complaint about our privacy practices.
To do so, please ask to speak with the Center Manager.**

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If you have questions about the rights and protections that guard the privacy of your health information at Piedmont Health Services, please contact:

**Privacy Officer
Piedmont Health Services, Inc.
PO Box 17179
Chapel Hill, NC 27519-7179
(919) 933-8494**



FACT SHEET **Piedmont Business Health Services**

WHAT: Business Health Services Program sponsored by Piedmont Health Services, Inc. for Greater Chapel Hill Association of Realtors (GCHAR) and Chamber of Commerce (Chamber) members.

WHO: Available only to Chamber or GCHAR member business owners/employees and their immediate families.

HOW: Complete Registration Form and send to Amy Rix, 299 Lloyd Street, Carrboro, NC 27510, fax it to (919) 933-9201 or turn in at the Chamber Office (for Chamber members only). Participants may go to any of Piedmont Health's six centers. Visit Piedmont's website, especially the physician section in Choose a Location at <http://www.piedmonthhealth.org>

COSTS:

- **Any doctor visit (complete with labs) \$60**
 - **Prescriptions from our formulary filled at our in-house pharmacy are \$10 each; non-formulary prescriptions may be available upon request at a significant discount (average 50% on most)**
- * **Members are encouraged to make their first appointment to see their doctor when they sign up for the program.**
- * **Amy Rix may be reached at (919) 537-0463**

People caring for people since 1970

**Visit our website: www.piedmonthhealth.org
Fax Number: (919) 933-9201**