Roswell Urgent Care Center Patient Registration

Patient Information

❑ New Patient ❑ Update

Patient Last Name | Patient First Name | Middle

Date of Birth | Social Security Number (Over 18 Only) - - | ❑ Male ❑ Female | Marital Status

Street Address | City | State | Zip Code

Home Phone ❑ | Mobile Phone ❑ **Please place a checkmark beside the number you would prefer us to call.**

E-mail Communication (RUCC will never sell your personal information and we never, ever spam.)

Would you like to be able to receive email communications from us? ❑ Yes. ❑ No.

Would you like to receive our quarterly newsletter? ❑ Yes. ❑ No.

Email Address: _____

Responsible Party Information

❑ **Self (Complete only the Employer Portion)** ❑ Spouse ❑ Parent ❑ _____

If you are submitting medical insurance for this visit please provide the primary policy holder's information below. Otherwise, please provide the information for a parent or legal guardian.

Last Name | First Name | Middle

Date of Birth | Social Security Number (Over 18 Only) - - | ❑ Male ❑ Female

Street Address (If different from above) | City | State | Zip Code

Home Phone ❑ | Mobile Phone ❑ | E-mail Address ❑

Employment Status ❑ Full Time ❑ Part Time ❑ Retired | Employer | Employer Phone

Employer Address | City | State | Zip Code

Medical Authorization - I hereby consent, for myself or dependant, to diagnostic and/or therapeutic medical treatment, procedures and medical imaging as deemed necessary by the provider. I acknowledge that no guarantee can be made regarding the result of any procedure performed or any medical treatment provided. I also agree, under the provisions of Georgia law, that if any healthcare worker is exposed to my blood or other bodily fluid, I will submit to testing of my blood or other bodily fluid to determine the presence of any communicable diseases. I acknowledge that this may include, testing for hepatitis, human immunodeficiency virus and syphilis. This is necessary to ensure my own safety as well as the safety of the other patients and healthcare workers. I further understand that the results of tests taken under these circumstances will not become part of my medical record. Roswell Urgent Care Center will limit the delivery and follow-up for these and all other diagnostic results to the patient or a legal guardian or representative.

Attestation - I attest that any information I have provided to Roswell Urgent Care Center is true and correct to the best of my ability. I also understand that knowingly providing false demographic and/or insurance information constitutes fraud on behalf of the responsible party.

HIPAA - I have been given the opportunity to review Roswell Urgent Care Center Privacy Practices as they relate to HIPAA. A copy has been made available to me today and I may also obtain a copy by visiting

_____ _____

Signature of Patient or Guardian Date