



Northeast Tarrant Internal Medicine Associates
469 Westpark Way
Euless, Texas 76040-3957
(817) 283-2888
Patient Confidentiality Questionnaire

Patient Name: _____ Date of Birth: _____

1. Please list the family member (with phone numbers) or other persons, if any, whom we may inform about your general medical condition or your diagnosis:

2. Please list the family members or significant others, if any, whom we may inform about your medical condition **ONLY IN AN EMERGENCY**:

3. Please print the address of where you would like your billing statements and/or correspondence from our office to be sent, **if other than your home**:

4. Can confidential messages be left on your home/cell answering machine or voicemail?

5. If you do not have voicemail, can a confidential message be left at your place of employment?

Patient Signature

Date