

The Mount Sinai Hospital New York, NY
 Outpatient Facesheet

| | |
|-------|-----------------------|
| Date: | Medical Record Number |
|-------|-----------------------|

| | | | | |
|-------------------------|-----|---------------|----------------|------------|
| Patient's Name | | | Gender | Race |
| Email | Age | Date of Birth | Marital Status | Religion |
| Patient's Address | | | Home Phone | Cell Phone |
| Patient's Email Address | | | | |

| | | | |
|---------------------------|-------------------------|--------|--------------|
| Emergency Contact | Relationship to Patient | Gender | Phone Number |
| Emergency Contact Address | | | |

| | | | |
|------------------------------|-------------------------|--------------------------|--------------|
| Insurance 1 Health Plan Name | Policy Number | Group Name | Group Number |
| Health Plan Type | Financial Class | | |
| Health Plan Address | | Health Plan Phone Number | |
| Subscriber Name | Relationship to Patient | Subscriber Date of Birth | |
| Subscriber Employer Name | Employment Status | Subscriber Home Phone | |

| | | | |
|------------------------------|-------------------------|--------------------------|--------------|
| Insurance 2 Health Plan Name | Policy Number | Group Name | Group Number |
| Health Plan Type | | | |
| Health Plan Address | | Health Plan Phone Number | |
| Subscriber Name | Relationship to Patient | Subscriber Date of Birth | |
| Subscriber Employer Name | Employment Status | Subscriber Home Phone | |

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (NOPP)

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the hospitals and the facilities listed at the beginning of this notice, and how I may obtain access to and control this information.

Patient Signature: _____

Date: _____

- The patient refused to sign despite good faith efforts
- The patient was unaccompanied and not alert and oriented
- The patient was unaccompanied and needed emergency care
- Other, (explain): _____

Employee Signature: _____

Employee Title: _____

Print Name: _____

Date: _____