



Riverwalk Center
15 South Main Street
Jamestown, NY 14701
P (716) 488-2322
Fax (716) 488-2574

Mayville Professional Building
99 East Chautauqua Street
Mayville, NY 14757
P (716) 224-4099
Fax (716) 224-4999

Park Avenue & Third
51 E. 3rd Street
Dunkirk, NY 14048
P 363-2244
Fax (716) 363-2245

Acknowledgement of HIPAA
(Health Insurance Portability and Accountability Act)

I hereby acknowledge that I have received a copy of The Chautauqua Center's notice of privacy practice.

PRINT PATIENT NAME

DATE OF BIRTH

Please list your emergency contact.

Name

Relationship

Date of Birth

Phone

Please list all authorized people whom you give permission to discussions your treatment/ account.

Name

Relationship

Date of Birth

Phone

Name

Relationship

Date of Birth

Phone

FOR MINOR PATIENTS ONLY:

Please list all authorized people whom you give permission to bring child to appointments. All authorized listed will receive medical information at the time of appointment however, the person **accompanying your child will not have the authority to sign the permission for vaccine administration.**

Name

Relationship

Date of Birth

Phone

Name

Relationship

Date of Birth

Phone

Signature (If minor, Parent/Legal Guardian Signature)

Relationship

Date

Print Name