

Patient information forms must be updated every a minimum 12 months for you to be considered an active patient and receive any services, including prescription refills.

## Instructions:

- Please, complete the patient information form.
- Review the HIPPA Notice of Privacy Practices.
- Complete HIPPA Release & Assignment of Benefits form for yourself and be sure to include an email address if you want to be able to communicate by email.
- Have your husband, if appropriate; also complete a HIPPA Release & Assignment of Benefits form. He must give us permission to communicate with you about anything that is recommended for him.
- Read and sign the Advance Beneficiary Notice Form. Keep a signed copy for your records.
- Make a copy of the front and back of your insurance card.
- Fax the above information to (402) 390-9851, email it to <u>receptionists.ppvi@gmail.com</u> or mail it to **Pope Paul VI Institute, Patient Care Department** at the address listed on the bottom of the page.
- Call our office at (402) 390-6600 if you have any questions.