



**BELLA**  
health + wellness

WOMEN • MEN • CHILDREN

**Denver East:** 3894 Olive St. 80207 303.320.8352  
**Lafayette:** 1285 Centaur Village Dr. 80026 303.665.2341  
**Englewood, Bella:** 180 E Hampden #100 80113 303.789.4968

**PATIENT HIPAA  
QUESTIONNAIRE**

1. Please print the telephone number where you want to receive calls about your appointments, lab results, and x-ray results, or other health care information: (    ) \_\_\_\_\_
2. Confidential messages can be left on this (above mentioned) voicemail:  YES  NO
3. Confidential text message may be left at this (above mentioned) number:  YES  NO
4. You are invited to log into our online Portal for review of your records. Please provide an email address that you plan to use with our patient portal. Please write clearly.

\_\_\_\_\_

5. Confidential email messages may be left at this (above mentioned) address:  YES  NO
6. Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operations, including those individuals here with you today):

\_\_\_\_\_  
\_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

8. Where you would like billing statements and/or correspondence from our office to be sent?

\_\_\_\_\_  
\_\_\_\_\_

9. Please indicate if you want all correspondence from our office sent in a sealed envelope marked "CONFIDENTIAL":  YES  NO

Printed Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Patient/Guardian Signature \_\_\_\_\_