THANG C. NGUYEN, M.D.
328 N. San Mateo Dr., Suite A
San Mateo, CA 94401
Phone: 650.260.5225
Fax: 888.939.4131

PATIENT CONFIDENTIALITY FORM

Patient Name: _____

Patient Date of Birth: _____

Patient confidentiality is a top priority at Thang Nguyen Medical Clinic. Therefore, it is important that you provide us with the following information to ensure that there is no violation of your privacy.

Dr. Nguyen's staff may leave messages regarding results (test/lab), scheduling (appointment, surgery, and procedure) and billing information with the following:

☐ Spouse _____

☐ Voice mail at work

☐ Answering machine at home

☐ Voice mail at cell phone

☐ Other- Describe: _____

☐ Dr. Nguyen's staff **May Not** leave any information.

Please list any family members who may obtain or call and discuss your medical information:

_____

_____

_____

I understand that if the status of any of the above information changes, it will be my responsibility to inform the staff at Dr. Thang Nguyen's Medical Clinic.

Patient Signature _____ Date:_____