

**CULLMAN INTERNAL MEDICINE**  
**1890 ALABAMA HWY 157 SUITE 300**  
**CULLMAN, AL 35058**  
**256-737-8000 Fax: 256-737-8058**

**Patient Name:** \_\_\_\_\_ **Doctor at CIM** \_\_\_\_\_

**PRIVACY COMPLIANCE**

Please list the family members or other persons, if any, we may inform about your general medical condition and your diagnosis, which might include medical history, treatment, laboratory reports, x-rays, and treatment and/or reference to any mental or nervous disorders, drug, and/or alcohol abuse, or sexually transmitted disease.

\_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_

Please list the family members or other persons, if any, we may inform about your general medical condition and your diagnosis **ONLY** in an emergency situation:

\_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_

Please print the address of where you would like your billing statements and/or correspondence from our office to be sent, **if other than your home:**

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

Please print the telephone number, if any, where you want to receive calls about your appointments, lab and x-ray results, and/or other health care information, **if other than your home telephone number:**

\_\_\_\_\_

Can confidential messages be left on your home answering machine or voice mail, for example, appointment reminders? YES \_\_\_\_\_ NO \_\_\_\_\_

If you do not have voice mail can confidential messages be left at your place of employment? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Patient or guardian signature                      Patient's Date of Birth                      Date signed  
(mm/dd/yy)

\_\_\_\_\_  
Proof of Guardianship