

Pediatric and Adolescent Center
15555 Northline Rd
Southgate, MI 48195

Patient Name: _____
Patient DOB: _____

Written Acknowledgement Confirming Receipt of Privacy Notice.
Copy of Privacy notice available at reception desk

I have received the HIPPA Privacy Notice of Pediatric & Adolescent Center

Patient / Patient/Guardian Signature

Date _____

Written Acknowledgement Confirming Receipt of PCHM (Patient Centered Medical Home) Agreement
Copy of PCMH agreement available at reception desk

I have received the Patient Centered Medical Home Agreement

Patient / Patient/Guardian Signature

Date _____

We are required by Federal Law to obtain the following information for each patient,
Please indicate your response below:

RACE:

American Indian or Alaskan Asian African American/Black
 Caucasian Pacific Islander Other Race Declined

ETHNICITY:

Hispanic Non Hispanic Declined

PREFERRED LANGUAGE:

English Spanish Arabic Hindi Other