

PUTNAM COUNTY BOARD OF HEALTH
C/O KANAWHA-CHARLESTON HEALTH DEPARTMENT
3282 WINFIELD ROAD, WINFIELD, WV, 25213

REGISTRATION FORM

SECTION 1. PATIENT INFORMATION

Patient's Name: _____
Last First MI

Current Address: _____
Street

City State Zip

E-Mail (optional) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth Age Female Male _____
Last 4 digits of Social Security #

County of Residence Race Marital Status

KCHD has permission to contact me by (Please check all that apply):

Home Phone Yes No Cell Phone Yes No Work Phone Yes No
Email Yes No

SECTION 2. CONSENT

I hereby grant permission to the Kanawha-Charleston Health Department (KCHD) to have such diagnostic and/or treatment procedures performed on the patient named in this consent as may be deemed necessary by a duly authorized clinician of KCHD. I further grant authority to release such medical information regarding the above named patient as may be requested by other physicians or other health, welfare, or veterans agencies to which I have applied or may in the future apply for service or assistance.

The KCHD Notice of Privacy Practices provides information about how we may use and disclose your protected health information. The Notice of Privacy Practices is subject to change. To obtain a copy of our Notice, you may visit our website at www.kchdw.org or by calling (304) 348-8080. By signing this form, you acknowledge that the KCHD Notice of Privacy Practices was made available to you.

My signature on this document verifies that I have read and understand the information on this form. To the best of knowledge and belief, the information I have provided concerning income and insurance is true, correct and complete. Federal law prohibits falsification of this information.

In accordance to HIPAA guidelines, I _____ give permission to the following person(s) to obtain information about my medical record(s).
Patient name

Signature of Patient/Parent/ Legal Guardian Date Witness

PLEASE PROVIDE PHOTO ID TO REGISTRATION FOR PHOTOCOPYING.