

PATIENT REGISTRATION

Last Name _____ First Name _____ MI _____ Date of Birth _____ Age _____

Social Security # _____ Gender _____ Marital Status _____

Address _____
Street Apt# City State Zip

Phone: Home _____ Work _____ Cell _____ E-Mail _____

Occupation _____ Retired: Yes No

Employer _____

Employer's Address _____

Emergency Contact Name _____ Relationship _____ Phone: _____

Medical Doctor _____ Referred By _____

RESPONSIBLE PARTY (If different from patient)

Last Name _____ First Name _____ MI _____

Relationship to Patient (Circle One) Spouse Parent/Guardian Other _____

Address _____
Street Apt# City State Zip

Phone: Home _____ Work _____ Cell _____ E-Mail _____

Employer _____ Employer Address _____ Phone _____

INSURED PARTY (If different from patient)

Last Name _____ First Name _____ MI _____

Date of Birth _____ Gender _____ Social Security # _____

Phone: Home _____ Work _____ Cell _____ E-Mail _____

Employer _____ Employer's Address _____

Relationship to Patient (Circle One) Spouse Parent/Guardian

Please present your insurance card(s) and driver's license to the receptionist.
I agree to notify this office promptly if any of the above information changes.

Gadsden Eye Associates, P.C. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age disability, or sex.

Gadsden Eye Associates, P.C. provides all patients' access to our Notice of Privacy Practices which describes how medical information about you may be used and disclosed and how you can gain access to this information. These notices are provided in the waiting room and may also be obtained by requesting a copy from any employee of Gadsden Eye Associates, P.C. By signing below, you acknowledge that you have been provided access to the Notice of Privacy Practices of Gadsden Eye Associates, P.C.

Date: _____
Signature of Patient or Responsible Party

Date: _____
Signature of Co-Responsible Party

Gadsden Eye Associates, P.C. Nondiscrimination Statement

Discrimination is Against the Law

Gadsden Eye Associates, P.C. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Gadsden Eye Associates, P.C. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Gadsden Eye Associates, P.C.

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Robyn Swinford.

If you believe that Gadsden Eye Associates, P.C. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Robyn Swinford, PO Box 8565 Gadsden, AL 35902, Phone 256-543-4152, Fax 256-547-3039, robyn@gadsdeneye.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Robyn Swinford is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Gadsden Eye Associates, P.C. Nondiscrimination Statement:

Discrimination is Against the Law

Gadsden Eye Associates, P.C. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Gadsden Eye Associates, P.C. no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Gadsden Eye Associates, P.C.

Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:

- Intérpretes de lenguaje de señas capacitados.
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
- Intérpretes capacitados.
- Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con Robyn Swinford

Si considera que Gadsden Eye Associates, P.C. no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona Robyn Swinford, P.O. Box 8565 Gadsden, AL 35902, Phone 256-543-4152, Fax 256-547-3039, email - robyn@gadsdeneye.com. Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, Robyn Swinford está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

Gadsden Eye Associates Nondiscrimination Statement:

Discrimination is Against the Law

Gadsden Eye Associates, P.C. 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。Gadsden Eye Associates, P.C. 不因種族、膚色、民族血統、年齡、殘障或性別而排斥任何人或以不同的方式對待他們。

Gadsden Eye Associates, P.C

向殘障人士免費提供各種援助和服務，以幫助他們與我們進行有效溝通，如：

- 合格的手語翻譯員
- 以其他格式提供的書面資訊 (大號字體、音訊、無障礙電子格式、其他格式)
- 向母語非英語的人員免費提供各種語言服務，如：
- 合格的翻譯員
- 以其他語言書寫的資訊

如果您需要此類服務，請聯絡 Robyn Swinford

如果您認為 Gadsden Eye Associates, P.C. 未能提供此類服務或者因種族、膚色、民族血統、年齡、殘障或性別而透過其他方式歧視您，您可以向 Robyn Swinford 提交投訴，郵寄地址為 PO BOX 8565 Gadsden, AL 35902，電話號碼為256-543-4152 號碼為，傳真為 256-547-3039，電子信箱為 robyn@gadsdeneye.com。您可以親自提交投訴，或者以郵寄、傳真或電郵的方式提交投訴。如果您在提交投訴方面需要幫助，Robyn Swinford] 可以幫助您。

您還可以向 U.S. Department of Health and Human Services (美國衛生及公共服務部) 的 Office for Civil Rights (民權辦公室) 提交民權投訴，透過 Office for Civil Rights Complaint Portal 以電子方式投訴：<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>，或者透過郵寄或電話的方式投訴：

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C.20201

1-800-368-1019 , 800-537-7697 (TDD) (聾人用電信設備)

登入 <http://www.hhs.gov/ocr/office/file/index.html> 可獲得投訴表格。