

# *Welcome to Franklin Urological Associates*

As a New Patient or a Returning Previous Patient, we ask kindly that you take a moment to fill out the following information.

- Please note, the Notice of Privacy Policy & Financial Policy are literature for you to read and keep for your personal records.
- Please fill out the highlighted portion of the Notice of Privacy Practices Receipt. This says that we have given you our Privacy Policy and Financial Policy and you understand them.
- Please sign and date the highlighted portion of Patient Consent to the Use & Disclosure of Health Information for Treatment, Payment, and Healthcare Operations. This allows us to treat you.
- Please fill out the Patient Registration Form. This is simply your personal information.
- On the Release of Billing & Medical Information please list any other person(s) that we may speak to regarding any of your medical information. If you wish to keep this information confidential write "Patient Only". Also, Please let us know if you have an answering machine and if we are allowed to leave a message.
- To Help us serve you better and more promptly, please fill out the Review of Symptoms form and the Medication Flow Sheet.

If you have received this in the mail and have any questions please call our office at (615) 790-1660. Otherwise please return your paperwork to the front desk.