

Full Name: _____
Case #: _____
Unit #: _____
Date: _____

RUTGERS

University Behavioral
Health Care

Initial
Revision

HIPAA Restrictions Patient Questionnaire

1. Can we send mail to your home address (address we have in our system)?

Yes _____ No _____

If No, please provide alternate mailing address below or inform if mail can be sent to your home in a plain white envelope.

2. May we contact you by telephone? Yes _____ No _____

Please check the box which corresponds to the telephone number that UBHC may use to contact you and fill in the complete number.

Home Number _____

Permission to leave message on voicemail Yes _____ No _____

Work Number _____

Permission to leave message on voicemail Yes _____ No _____

Other Number _____

Permission to leave message on voicemail Yes _____ No _____

3. Please indicate whether UBHC can release your name for disaster relief situations. Yes _____ No _____

Signature-Patient/Guardian _____ Date _____

Staff Signature _____ Date _____