



Immediate and Family Medical Care

Notice of Privacy Practices & Permission or Patient Contact

Care Station Physicians, P.A.
Care Station Management, Inc.

My signature below indicates that I have received and reviewed the Care Station Notice of Privacy Practices.

PERMISSION OF PATIENT CONTACT: *(Effective April 14, 2003 under Federal Law)*

Please provide at least two numbers where our staff might contact you.

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In the event that we cannot contact you at either, may we leave a message on any of the below numbers?

Home: []yes []no Cellular: []yes []no Work: []yes []no

Please provide the name(s) of any person(s) that you would permit us to discuss you medical status (e.g. spouse, parent, guardian)

Note: Due to privacy laws, we are not permitted to discuss your healthcare information with anyone not listed below.

Name: _____ SSN or Password for Identification _____

Name: _____ SSN or Password for Identification _____

Name: _____ SSN or Password for Identification _____

Printed Name of Patient: _____

Patient Signature: _____ Date: _____

TO BE FILED IN PATIENTS MEDICAL FILE

Corporate Office: 328 West St. Georges Ave., Linden, New Jersey 07036 - 908-925-7519 - Fax: 908-925-2235

Locations At:

Care Station I: 328 West St. Georges Ave., Linden, New Jersey 07036 - 908-925-2273 - Fax: 908-925-2235

Care Station II 90 Route 22 West, Springfield, NJ 07081 - 973-467-2273 - Fax: 973-467-5385

Care Station III 456 Prospect Avenue, West Orange, NJ 07052 - 973-731-6767 - Fax: 973-731-9881

Care Station IV 210 Meadowlands Parkway, Secaucus, NJ 07094 - 201-348-3636 - Fax: 201-583-0713