



PIEDMONT HEALTH SERVICES
“People Caring for People for Over 45 Years”



Chambers Program Registration Form *(Please Print)*

Medical Only

Dental Only

Medical & Dental

Name: _____

Responsible Party: _____ **Relationship to Patient:** _____
(If under 18)

Number of Dependents: _____

Address: _____

City/State/Zip: _____

Best Phone number to reach you: (____) _____ **2nd Phone:** (____) _____

Date of Birth: _____ **Sex:** Male Female

Race: White/Caucasian Black/African American Asian Multi-racial
 American Indian Other **Hispanic:** Yes No

Circle appropriate program name:

Associations:	Chamber of Commerces:	
OCHAR	Alamance	Chatham
	Caswell County	Hillsborough-Orange County
	Chapel Hill- Carrboro	Roxboro Area

OCHAR / Chamber Employer: _____

Employed Since: _____ **Job/Occupation:** _____

Email: _____ **Military Veteran:** Yes No

Health Center where you want to receive care: _____

Emergency Contact: Name: _____

Phone: _____ **Relationship:** _____

****Please bring photo identification when visiting any of our six community health centers****

TREATMENT/OPERATION/PAYMENT AGREEMENT WITH PIEDMONT HEALTH SERVICES, INC.

I authorize PIEDMONT HEALTH SERVICES to provide me and/or my family with medical/dental care. I authorize assignments of insurance benefits for medical/dental care to be paid to PIEDMONT HEALTH SERVICES. I authorize the use or disclosure of protected health information belonging to myself and/or family members for the purposes of treatment and operations. I understand that it is my responsibility to pay for the medical/dental care provided by PIEDMONT HEALTH SERVICES. **I have reviewed the Notice of Information Privacy Practices and have been offered a copy of it.** I have been given an opportunity to ask questions about the Privacy Policy and the protection of my confidential health information at PIEDMONT HEALTH SERVICES. I also attest that all of the information I have provided is correct.

Signature: _____ **Date:** _____
(Patient or responsible party if under 18)

Return by fax: (919) 933-9201, email rix@piedmonthealth.org, or mail to Amy Rix at 127 Kingston Drive, Chapel Hill, NC 27514.

Visit our website: www.piedmonthealth.org