

Last Name	First Name	Date of Birth	
Date of Service	Patient #	Type of Visit	Family Planning
Phone Number	Is this your personal phone?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Can we call you at this number?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Axis Health System (AHS) operates under state and federal laws that protect confidentiality and allow for release of healthcare records and information. *Information regarding services you may receive under TITLE X FAMILY PLANNING is confidential and will not be released to any person or agency without your written consent. If you wish to release your information to others, you need to sign an Authorization to Disclose Protected Health Information form (ROI).* AHS disclosures and uses of your protected healthcare information and exceptions to the confidentiality of your information is provided in the Notice of Privacy Practices available to you.



Confidentiality of Personal Health Information

Please choose whether or not you wish to have Title X Family Planning Services remain confidential.

- I am electing to have this visit marked as **CONFIDENTIAL**.
This means AHS will not discuss any information about this visit with your parent/guardian. This also means that AHS will not bill your parent/guardian insurance.

- I am electing to have this visit marked as **NON-CONFIDENTIAL**.
This means AHS may discuss any information about this visit with your parent/guardian. This also means that AHS will bill your parent/guardian insurance.

If you elected to keep your visit as NON-CONFIDENTIAL your parent/guardian will receive a bill for any services received today.



Please tell us what health insurance provider covers your medical/mental health services. **(Circle one)**

Medicaid
 CHP+
 No insurance
 Don't Know
 Private Insurance (identify) _____

Sliding Fee Scale

If you have elected to keep your visit **CONFIDENTIAL** you must assume financial responsibility for the payment of your bill based on your stated income. Your request for the Title X Sliding Fee Scale is part of the application for the Title X Program.

In medical emergency situations, if you are under the age of 18, parents/guardians will be notified.

The information I have provided is true and correct: Name _____ Date _____