St. Elizabeth PHYSICIANS

**Patient Registration / Consent to Treat / Notice of Privacy Practices**

Please print the information below and have your insurance card and driver's license or legal photo ID available.

**PATIENT INFORMATION**

Last Name_____First Name_____Middle_____

Preferred Name_____

Address_____Apartment/Unit Number_____

City_____St_____Zip_____

Mobile Phone (____)____-_____ Home Phone (____) ____-_____ Email:_____

Interpreter Needed: Y N Preferred Language: _____

May we leave detailed messages that would include protected health information (for example, test results, prescription refill information, appointment scheduling and cancellation, and billing information) on your voicemail? Y N

Social Security #_____-_____-_____Date of Birth_____Legal Sex_____

**Race** (check all that apply):

_____ *American Indian/Alaska Native*
_____ *Asian*
_____ *Black or African American*
_____ *Native or Pacific Islander*
_____ *White or Caucasian*
_____ *Unknown*
_____ *Other*
_____ *Decline to Answer*

**Ethnicity**

_____ *Hispanic*
_____ *Non-Hispanic*
_____ *Decline to Answer*

**Preferred Pronoun**

_____ *She/Her*
_____ *He/Him*
_____ *They/Them*
_____ *Other*
_____ *Decline to Answer*

**Marital Status**

_____ *Single*
_____ *Married*
_____ *Widowed*
_____ *Divorced*
_____ *Separated*
_____ *Significant Other*
_____ *Other*
_____ *Decline to Answer*

**Gender Identity:**

____ *Male*
____ *Female*
____ *Transgender*
____ *Gender queer/ neither male or female*
____ *Decline to Answer*

Emergency Contact_____Phone (____)_____-_____
(Name) (Relationship)

Does the Patient have a Healthcare Power of Attorney, Advanced Directive, or Guardianship Order? Y N

Has St. Elizabeth Physicians received a copy? Y N

Pharmacy Most Used by Patient_____Pharm. Phone (____)____-_____

Referring Provider (Specialist office only) _____

Patient Employer_____Emp. Address_____Emp. Phone (____)_____-_____

**PERSON WHO SHOULD RECEIVE THE BILL- RESPONSIBLE PARTY (Guarantor)**

Relationship to Patient: Self Parent Spouse Other _____

Social Security #_____-_____-_____Name_____

Address_____City_____St_____Zip_____

Primary Phone (____)_____-_____Alternate Phone (____)_____-_____Email:_____

Date of Birth_____Legal Sex _____ Employer_____

**INSURANCE INFORMATION** *(Provide card at front desk)*

PRIMARY INSURANCE COMPANY NAME _____No Insurance
(Circle if applicable)

Subscriber Relationship to Patient: Self Parent Spouse Other _____

Subscriber Name:_____Date of Birth_____

**NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of the St. Elizabeth Physicians Notice of Privacy Practices. The effective date of the Notice of Privacy Practices is February 16, 2026.

**CONSENT TO TREAT**

I consent to examination, diagnosis, and general medical care and treatment (including, but not limited to, physical examination, administration of medications and vaccinations, recordings, and photographs for diagnosis and/or treatment, diagnostic tests, laboratory tests, and other minor procedures) to be performed by my physician, advanced practice provider, and any other associates of St. Elizabeth Physicians. I understand that I am responsible for payment for all services rendered. I authorize St. Elizabeth Physicians to act as my agent in helping me obtain payment from my insurance companies. I authorize payment to be made directly to St. Elizabeth Physicians. I authorize release of information to all my insurance companies which may be necessary to collect any payments. I further authorize access by St. Elizabeth Physicians of my medical information for treatment by St. Elizabeth Physicians and release of medical information to any and all providers involved in my care. I permit a copy of this authorization to be used in place of the original. I authorize the use of "signature on file" to be used on all of my insurance submissions. I understand that I am responsible for notifying the office of any pre-certifications or referral needed for my insurance. According to recognized coding rules, you may receive separate charges for procedures, physicians, and other problems during a single visit. I understand that St. Elizabeth Physicians will use your protected health information, as necessary, for your treatment, to obtain payment for treatment, and for the healthcare operations of St. Elizabeth Physicians.

I consent to receive communications at the phone numbers and address identified above. These communications may include, but are not limited to, live or prerecorded voices or text messages, letters, and may come from St. Elizabeth Physicians, its affiliates, its associates, business associates, or other third parties acting on St. Elizabeth Physicians behalf. Message and data rates may apply.

**I further authorize the access of my clinical and medication information for treatment by St. Elizabeth Physicians and to any and all providers directly involved in my care.**

Signature X_____ Date_____

(Signature of patient or patient representative)

Witness _____

# Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**English:** St. Elizabeth Physicians provides language assistance services and appropriate auxiliary aids, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, when such services are needed to provide meaningful access to an individual with limited English proficiency.

**(Arabic):** St. Elizabeth Physicians قدم مستشفى خدمات المساعدة اللغوية ووسائل الإعانة المناسبة، بما في ذلك خدمات ترجمة الوثائق الإلكترونية والمكتوبة وخدمات الترجمة الفورية الشفهية، مجانًا وفي الوقت المناسب، عند الحاجة إلى مثل هذه الخدمات لتوفير إمكانية الوصول المجدية للأفراد ذوي إجادة محدودة في اللغة الإنجليزية.

**မြန်မာ(Burmese):** St. Elizabeth Physicians သည် အင်္ဂလိပ်ဘာသာစကားကျွမ်းကျင်မှုအားနည်းသော ပုဂ္ဂိုလ်အား အပြည့်အဝ ဝန်ဆောင်မှုရယူသုံးစွဲခွင့် ပံ့ပိုးပေးရာတွင် ဘာသာစကားအကူအညီဝန်ဆောင်မှုများကိုသာမက ဘာသာပြန်ဆိုထားသော အီလက်ထရောနစ်နှင့် လက်ရေးစာရွက်စာတမ်းများ၊ နှုတ်ဖြင့် စကားပြန်များအပါအဝင် သင့်လျော်သည့် အထောက်အကူပြု ဝန်ဆောင်မှုများကို လိုအပ်ပါက အချိန်နှင့်တစ်ပြေးညီ အခမဲ့ ပံ့ပိုးပေးသည်။

**繁體中文 (Chinese):** St. Elizabeth Physicians **提供免**费且及时的语言援助服务和适当的辅助设备，包括书面翻译电子文件和口译服务，以便与英语能力有限人士进行有效沟通。

**Cushite Oroomiffa (Oromo):** St. Elizabeth Physicians tajaajila gargaarsa afaanii fi deeggersa meeshaalee dhageettii, dubbii fi arguu barbaachisoo ta'an, sanadoota elektirooniksii fi barreeffamaan hiikamanii fi turjumaana afaanii dabalatee, kaffaltii malee fi yerootti tajaajilli akkasii barbaachisutti, nama dandeettii Ingiliffaa murtaa'aa qabu tokkoof dhaqqabamummaa hiika qabu ni kenna.

**Nederlands (Dutch):** St. Elizabeth Physicians biedt gratis en tijdig taalondersteuning en passende hulp, waaronder elektronische en schriftelijke vertaling van documenten en een tolk, wanneer dergelijke diensten nodig zijn om de toegankelijkheid tot de zorg te verbeteren voor personen met een beperkte Engelse taalvaardigheid.

**Deitsch (Pennsylvania Dutch):** St. Elizabeth Physicians dutt Lei helfe as Druwwel hen fer Englisch verschteh. Sell meent, sie kenne em Copies uff der Computer odder uff Babier griege vun Documents in Englisch as in differnti Schprooche getranslate sin. Sie kenne aa en Interpreter beigriege wammer Hilf braucht fer schwetze mit ebber in Englisch. Des alles duhn sie unni as es em ennich ebbes koscht, un gschwind.

**Français (French):** St. Elizabeth Physicians fournit des services d'assistance linguistique et des aides auxiliaires appropriées, y compris des documents électroniques et écrits traduits et une interprétation orale, gratuitement et en temps opportun, lorsque ces services sont nécessaires pour fournir un accès important à une personne dont la maîtrise de l'anglais est limitée.

**Deutsch (German):** St. Elizabeth Physicians bietet kostenlos und zeitnah Sprachmittlungsdienste und entsprechende Hilfsmittel an, wie die schriftliche Übersetzung von Dokumenten im elektronischen und Papierformat sowie mündliche Dolmetscherdienste. Auf diese Weise soll Personen mit eingeschränkten Englischkenntnissen ein ungehinderter Informationszugang ermöglicht werden.

**ह िं दी (Hindi):** अंग्रेज़ी का बहुत ज़्यादा ज्ञान न रखने वाले व्यक्तियों को सार्थक ऐक्सेस देने करने के लिए, St. Elizabeth Physicians ज़रूरी होने पर, निःशुल्क और सही समय पर भाषा सहायता सेवाएँ और उपयुक्त सहायक उपकरण प्रदान करता है, जिसमें इलेक्ट्रॉनिक और लिखित अनुवादित दस्तावेज़ और मौखिक व्याख्या शामिल हैं।

**日本語 (Japanese):** St. Elizabeth Physicians は、英語が苦手な人に意味あるアクセスを提供するために、電子的および書面による翻訳文書や口頭通訳を含む言語支援サービス及び適切な補助手段を、無料で適時に提供いた

します。

**Kinyarwanda (Kirundi):** St. Elizabeth Physicians irungika serevise z'ugufasha ururimi n'imfashanyo z'abantu bafise ingorane mu kwumva, harimwo n'inyandiko z'ivy'ubuhinga bwa none n'uguhindura inyandiko yanditse n'ugusemura amajambo, ku buntu kandi mu buryo bubereye, mu kiringo izo serevise zikenewe kugira umuntu atazi neza icongereza ashobore kuronka izo serivisi azitahura neza.

**한국어 (Korean):** St. Elizabeth Physicians 는 영어 능력이 제한된 개인에게 의미 있는 접근성을 제공하기 위해 이러한 서비스가 필요할 때 무료로 적시에 전자 및 서면 번역 문서와 구두 통역을 포함한 언어 지원 서비스와 적절한 보조 도구를 제공합니다.

**नेपाली (Nepali):** St. Elizabeth Physicians ले सीमित अङ्ग्रेजी प्रविणता भएका व्यक्तिलाई अर्थपूर्ण पहुँच उपलब्ध गराउन आवश्यक हुँदा निःशुल्क रूपमा र समयमै विद्युतीय र लिखित अनुवादित कागजात र मौखिक अनुवादहरूलगायतका भाषासम्बन्धी सहायता सेवा तथा उपयुक्त सहायक सामग्रीहरू उपलब्ध गराउँछ।

**ਪੰਜਾਬੀ (Punjabi):** St. Elizabeth Physicians ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਉਪਕਰਣ ਪ੍ਰਦਾਨ ਕਰਦੀ ਹੈ, ਜਿਸ ਵਿੱਚ ਇਲੈਕਟ੍ਰਾਨਿਕ ਅਤੇ ਲਿਖਤੀ ਅਨੁਵਾਦ ਕੀਤੇ ਦਸਤਾਵੇਜ਼ ਅਤੇ ਮੌਖਿਕ ਵਿਆਖਿਆ ਸ਼ਾਮਲ ਹਨ, ਮੁਫਤ ਅਤੇ ਸਮੇਂ ਸਿਰ, ਜਦੋਂ ਅਜਿਹੀਆਂ ਸੇਵਾਵਾਂ ਦੀ ਲੋੜ ਸੀਮਤ ਅੰਗਰੇਜ਼ੀ ਮੁਹਾਰਤ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ ਅਰਥਪੂਰਨ ਪਹੁੰਚ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਹੁੰਦੀ ਹੈ।

**Русский (Russian):** В больнице St. Elizabeth Physicians бесплатно и своевременно предоставляются языковые услуги и другая помощь (в том числе услуги электронного, письменного и устного перевода), когда это необходимо, чтобы обеспечить полноценный доступ для лиц с ограниченным знанием английского языка.

**Srpsko-hrvatski (Serbo-Croatian):** St. Elizabeth Physicians pruža usluge jezičke pomoći i odgovarajuća pomoćna pomagala, uključujući elektronske i pismene prevedene dokumente i usmeni prevod, besplatno i blagovremeno, kada su takve usluge potrebne da bi se obezbedio smislen pristup osobi sa ograničenim znanjem engleskog jezika.

**Español (Spanish):** St. Elizabeth Physicians proporciona servicios de asistencia lingüística y ayudas auxiliares adecuadas, incluidos documentos electrónicos y escritos traducidos e interpretación oral, gratuita y oportunamente, cuando dichos servicios son necesarios para proporcionar un acceso significativo a una persona con dominio limitado del inglés.

**Tagalog (Tagalog):** Nagbibigay ang St. Elizabeth Physicians ng mga serbisyo ng tulong sa wika at naaangkop na mga auxiliary na tulong, kabilang ang mga electronic at nakasulat na mga isinaling dokumento at pasalitang interpretasyon, nang walang bayad at sa napapanahong paraan, kapag ang mga naturang serbisyo ay kinakailangan para magbigay ng makabuluhang pag-access sa isang indibidwal na limitado ang kahusayan sa Ingles.

**Tiếng Việt (Vietnamese):** St. Elizabeth Physicians cung cấp dịch vụ hỗ trợ ngôn ngữ và các phương tiện hỗ trợ phù hợp, bao gồm tài liệu dịch điện tử và văn bản cùng dịch vụ thông dịch, tất cả đều miễn phí và kịp thời khi các dịch vụ đó cần thiết cho cá nhân có trình độ Tiếng Anh hạn chế.