



FAMILY PSYCHOLOGICAL SERVICES
of Lakeland

PATIENT INFORMATION SHEET

We use email as a way to communicate various information between the patient and the office. Please list the best email address to use for this purpose: _____.

Family Psychological Services of Lakeland, LLC uses reasonable means to protect the security and confidentiality of emails we send and/or receive, however, we cannot guarantee the security and confidentiality of the information sent through. Family Psychological Services of Lakeland, LLC cannot be held liable for any breaches of confidentiality caused by the patient or any third party when using this system, as well as, any improper disclosure of confidential information that is not caused by intentional misconduct. This information is only used by Family Psychological Services of Lakeland, LLC and is governed by the same HIPPA protection as all other patient information.

LAST NAME	FIRST NAME	MIDDLE INITIAL	PATIENT'S NICKNAME
DATE OF BIRTH	PATIENT'S GENDER – CIRCLE ONE FEMALE MALE		PATIENT'S MARITAL STATUS – CIRCLE ONE SINGLE MARRIED OTHER
PATIENT'S EMPLOYMENT STATS – CIRCLE ONE EMPLOYED STUDENT OTHER		PATIENT REFERRED BY – IF REFERRED BY A DOCTOR – NAME & PHONE NUMBER	
PATIENT'S MAILING ADDRESS		CITY	STATE ZIP
PARENT'S NAME – IF PATIENT IS A MINOR			
MOTHER		FATHER	
CHILD LIVES WITH – CIRCLE THE ONES THAT APPLY			
MOTHER FATHER STEP-MOTHER STEP-FATHER LEGAL GUARDIAN OTHER:			
<u>APPOINTMENT REMINDERS</u>			
PLEASE CHECK HOW YOU WOULD LIKE TO RECEIVE YOUR APPOINTMENT REMINDERS; PLEASE READ YOUR OPTIONS BELOW AND CHOOSE THE ONE THAT YOU WISH FOR.			
<input type="checkbox"/> TEXT MESSAGE (REQUIRES CELL PHONE NUMBER & CARRIER)	<input type="checkbox"/> EMAIL (REQUIRES EMAIL ADDRESS)	<input type="checkbox"/> PHONE CALL (CALL WILL BE MADE TO THE NUMBER LISTED IN THE HOME PHONE LINE)	

PHONE & EMAIL

HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER & EXTENSION
EMAIL ADDRESS – WE NEED TO KNOW IN-ORDER TO RECEIVE EMAIL REMINDERS		

APPOINTMENT REMINDER DISCLAIMER & CONSENT FORM

Family Psychological Services of Lakeland, LLC will be utilizing a system that engages in Text Messaging, Email, and Automated Phone Calls for Appointment Reminders and other patient care related information. Patients may choose to change the method of how they receive their appointment reminder or other patient information at any time by speaking with a member of the office staff. Family Psychological Services of Lakeland, LLC uses reasonable means to protect the security and confidentiality of texts and emails we send and/or receive, however, we cannot guarantee the security and confidentiality of the information sent through email and texting. Family Psychological Services of Lakeland, LLC cannot be held liable for any breaches of confidentiality caused by the patient or any third party when using this system, as well as, any improper disclosure of confidential information that is not caused by intentional misconduct. This information is only used by Family Psychological Services of Lakeland, LLC and is governed by the same HIPPA protection as all other patient information. **** Please Note** – that if you need to cancel or reschedule an appointment after you receive your appointment reminder; you would need to call the office at 863-606-6001 and speak to the receptionist**. I have read and understand the above information and agree to the terms set forth.

Signature of Patient or Parent/Legal Guardian

Printed Name of Patient or Parent/Legal Guardian

Relationship to Patient

Date