# Patient Better
## Contributor Cover Page

Form completed by: _____ Date: _____
Patient Name: _____ DOB: _____
Primary Clearinghouse: _____
Secondary Clearinghouse: _____

## Primary Caregivers

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

## Secondary Caregivers

| | |
|---|---|
| Company Name: | |
| Address: | |
| Company Phone: | Emergency Phone |
| SPVR #1 Name: | SPVR #2 Name: |
| Cell: | Cell: |

| | |
|---|---|
| Company Name: | |
| Address: | |
| Company Phone: | Emergency Phone |
| SPVR #1 Name: | SPVR #2 Name: |
| Cell: | Cell: |

**By signing, you agree to adhere to the Health Insurance Portability and Accountability Act (HIPAA)**

I agree to protect the use and disclosure of health information known as "protected health information" by organizations and individuals (covered entities) subject to this Privacy Rule. I will ensure that the individual's health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the individual's health and well-being. 1) Ensure the confidentiality, integrity, and availability of all protected health information. 2) Detect and safeguard against anticipated threats to the security of the information. 3) Protect against anticipated impermissible uses or disclosures. 4) Certify compliance of all HIPAA standards.

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## Contributor Cover Page

The Clearinghouse, primary, and secondary caregivers as well as all other participants involved in the patient's care must sign this Contributor Cover Page. By signing this, you agree to adhere to the HIPAA statement on the front page and your signature will also acknowledge you as an active member on the patient's care team.

| Name (Printed) | Relationship to patient | Best way to be reached |
|---|---|---|
| Signature | Date | |

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|---|---|---|
| Signature | Date | |

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|---|---|---|
| Signature | Date | |


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