



**CCHP**

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**For office use only:**

Language:           English                   Chinese  
 Service Area:       San Francisco       Northern San Mateo  
 Check amt: \_\_\_\_\_  
 Check #:            \_\_\_\_\_  
 Received by \_\_\_\_\_

## HIPAA GI Application

|  |                               |
|--|-------------------------------|
| <b>HIPAA Certificate attached</b><br>Yes           No (please explain) | <b>HIPAA Certificate No.:</b> |
|--|-------------------------------|

| I. APPLICANT'S INFORMATION   |            |      |              |         |  |     |  |
|--|------------|------|--------------|---------|--|-----|--|
| Last Name  | First Name | M.I. | Chinese Name |         | Social Security No.                              |     |  |
| Home Address   |            |      |              | City    | State  | Zip |  |
| Home Phone (    )  | HT         | WT   | M            | Single  | Date of Birth (MM/DD/YY)                         |     |  |
|  |            |      | F            | Married |  |     |  |
| Primary Care Physician (Family Doctor) Please select from the Provider Directory |            |      |              |         | Are you an existing patient?<br>Yes           No |     |  |

| II. FAMILY MEMBER TO BE ENROLLED<br>(Dependent's age between 19 and 23 must be FULL time student to be eligible) |           |            |    |    |    |     |                         |                     |               |                            |  |
|--|-----------|------------|----|----|----|-----|-------------------------|---------------------|---------------|----------------------------|--|
| Relation   | Last Name | First Name | Mi | HT | WT | AGE | Birth date<br>Mo/Day/Yr | Social Security No. | Family Doctor | Existing Patient<br>Yes/no |  |
| Spouse   |           |            |    |    |    |     |                         |                     |               |                            |  |
| Son  |           |            |    |    |    |     |                         |                     |               |                            |  |
| Daughter   |           |            |    |    |    |     |                         | FT student          | Yes           | No                         |  |
| Son  |           |            |    |    |    |     |                         |                     |               |                            |  |
| Daughter   |           |            |    |    |    |     |                         | FT student          | Yes           | No                         |  |
| Son  |           |            |    |    |    |     |                         |                     |               |                            |  |
| Daughter   |           |            |    |    |    |     |                         | FT student          | Yes           | No                         |  |
| Son  |           |            |    |    |    |     |                         |                     |               |                            |  |
| Daughter   |           |            |    |    |    |     |                         | FT student          | Yes           | No                         |  |

