



Central Coast Renal Care

New Patient Intake

Please complete this form *in its entirety*.

PATIENT

Name: _____ Birthdate: ____/____/____
First MI Last Suffix

Home Phone: _____ Cell: _____ Addt'l: _____

Mailing Address: _____
Street City State Zip

Physical Address (if different): _____
Street City State Zip

Patient's SSN: _____ - _____ - _____ Gender: M F Email: _____

Marital Status: DIVORCED SINGLE MARRIED WIDOWED Student Status: FULL TIME PART TIME N/A

Employment Status: ACTIVE MILITARY FULL TIME PART TIME RETIRED SELF EMPLOYED UNEMPLOYED

Emergency Contact: _____ Relationship: _____
First Last

Emergency Contact Home Phone: _____ Work or Cell Phone: _____

Primary Care Provider: _____ Referring Provider: _____

INSURANCE

(List Insurance Carrier Name(s) and Subscriber Relationship only - No ID Numbers Required)

Primary: _____ Subscriber is: SELF SPOUSE PARENT OTHER

Secondary: _____ Subscriber is: SELF SPOUSE PARENT OTHER

Tertiary: _____ Subscriber is: SELF SPOUSE PARENT OTHER

POLICYHOLDER - (IF DIFFERENT THAN PATIENT)

Subscriber Name: _____
First MI Last Suffix

Address: _____
Street City State Zip

Subscriber Phone: _____ Birthdate: ____/____/____ Gender: M F

Subscriber SSN: _____ - _____ - _____ Is coverage supplied through a union? YES NO

AUTHORIZATION TO TREAT

I hereby authorize Central Coast Renal Care to render treatment and, on my behalf, accept payment directly from my insurance. I understand that benefits are coordinated between my insurance company and myself, not between my insurance company and Central Coast Renal Care. By signing below, I understand that I will be financially liable for any services rendered which are not covered or paid by my insurance plan due to false statements, benefit coordination discrepancies, plan limitations, or benefit exclusions. The above information is true and correct to the best of my knowledge.

Signature of Patient

Date

Printed Name of Legal Representative

Relationship



Central Coast Renal Care

Office Policies

Please review the policies of Central Coast Renal Care below. Please inform staff if you have any questions.

Your Physician has referred you to our office for evaluation and management of your nephrology related medical issues. Based upon this referral, our providers will perform an evaluation, develop a treatment plan, and treat your condition. Your status will continually be reassessed and your treatment will progress accordingly. During your care, you will be asked to perform certain activities, present for laboratory testing, and follow up for additional testing/diagnostic studies as appropriate. It is very important that you carefully follow the instructions given and perform the activities as they will ensure our office is able to treat your condition to the best of our abilities.

Appointment Policy

OFFICE VISITS are by appointment only. Please call our office at (805) 548-8585 to schedule or change an appointment. Our office hours are from 8:00am – 5:00pm Monday through Thursday, and 8:00am – Noon on Friday. Availability of appointments will vary according to patient demand. Please be aware, Central Coast Renal Care physicians will render treatment related to your kidney condition(s) only – General medical questions should be directed to your Primary Care Practitioner.

It is extremely important to be prompt and keep your scheduled appointments. **Patients arriving 15 or more minutes late may be rescheduled and a \$25 missed appointment fee may be assessed.** In consideration of other patients requiring care, and with our limited staff availability, we require advance notice for any appointment cancellation. We have an answering service for your convenience during non-working hours, weekends, and holidays. Automated Appointment Reminder Calls are made to patients 5 days prior to scheduled appointments.

Our physicians are available for any **after hour emergencies related to your kidney care only.** In the event of an emergency, you may leave a message for the physician on call by contacting our office and following the prompts on our automated line. Please be aware, your normal treating physician may **not** be the provider on call, however they will be a Central Coast Renal Care provider, and your regular treating physician will be made aware of your emergent care.

Notification of Fees

Please take a moment to review the schedule of fees listed below. Our office will make every attempt to notify you of any fees you may incur outside normal and customary practices.

Missed Appointment Fee	\$25.00
Cancelled / Returned Check Fee.....	\$25.00
Telephone Conference with Provider (≥10 Minutes).....	\$25.00
Medical Records Request to Other Medical Provider.....	No Fee Charged
Medical Records Request Fee.....	\$4.00 Processing Fee
(Patient Requesting Medical Records for Personal Use)	+ \$0.25 per page

By signing below, I acknowledge I have read and understand the aforementioned office policies and scheduled of fees put in place by Central Coast Renal Care. I am aware that any deviation to the systematic practices of Central Coast Renal Care on my part may cause an incurrence of additional fees, and / or other actions, including possible discharge from care. The information above is true and correct to the best of my knowledge.

Signature of Patient

Date



Central Coast Renal Care

Notice of Privacy Practices

Please review this form in its entirety. A signed copy of this form will be provided to you for your records.

We are required by law to provide you with information regarding your rights and the privacy practices of Central Coast Renal Care (CCRC). We are committed to maintaining the privacy of your protected health information. A major purpose of the Privacy Rule is to define and limit the circumstances in which an individual's protected health information may be used or disclosed by CCRC. Our office may not use or disclose protected health information, except either: (1) as the Privacy Rule permits or requires; or (2) as the patient (or the patient's personal representative) authorizes in writing.

We are permitted by certain laws to use and disclose your medical information without your authorization for the following purposes or situations: (1) To the Patient (unless required for access or accounting of disclosures); (2) Treatment, Payment, and Health Care Operations; (3) Opportunity to Agree or Object; (4) Incident to an otherwise permitted use and disclosure; (5) Public Interest and Benefit Activities; and (6) Limited Data Set for the purposes of research, public health or health care operations. We will always practice professional ethics and best judgment in deciding which of these permissive uses and disclosures to make. Records may be stored by paper or stored electronically.

CCRC must obtain written consent for any use or disclosure of protected health information that is not for treatment, payment, health care operations, or otherwise permitted or required by the Privacy Rule. If you authorize CCRC to disclose and/or discuss your protected health information, including appointments and billing, to another individual, please provide their information below:

_____ Relationship
Printed Name of Authorized Individual

The Privacy Rule requires CCRC to treat a "personal representative" the same as the individual, with respect to uses and disclosures of the individual's protected health information, as well as the individual's rights under the Rule. A personal representative is a person legally authorized to make health care decisions on an individual's behalf or to act for a deceased individual or the estate. The Privacy Rule permits an exception when CCRC has a reasonable belief that the personal representative may be abusing or neglecting the individual, or that treating the person as the personal representative could otherwise endanger the individual. In most cases, parents are the personal representatives for their minor children. Therefore, in most cases, parents can exercise individual rights, such as access to the medical record, on behalf of their minor children. In certain exceptional cases, the parent is not considered the personal representative. In these situations, it will be at the discretion of CCRC to provide or deny a parent access to the minor's health information, provided the decision is made by a licensed health care professional in the exercise of professional judgment.

If you have any questions or concerns regarding your protected health information or this notice, please contact our office at (805) 548-8585. If you believe your rights have been violated, you may submit a formal written complaint to our office at 1551 Bishop Street, Bldg A, Ste 110, San Luis Obispo, CA 93401.

By signing below, you acknowledge you have read and understand the aforementioned, and are authorizing CCRC to initiate appeals with your insurance pertaining to care received at this facility.

_____ Date
Signature of Patient

_____ Relationship
Printed Name of Legal Representative



Patient Rights

Central Coast Renal Care

- ◆ Except in certain circumstances, individuals have the right to review and obtain a copy of their protected health information. Central Coast Renal Care (CCRC) may deny an individual access in certain specified situations, such as when we believe access could cause harm to the individual or another. In such situations, the individual must be given the right to have such denials reviewed by a licensed health care professional for a second opinion. Under HIPAA §164.524, you can be charged a reasonable fee for copying records. You may also be charged for postage if you ask that records be mailed. HIPAA allows 30 days for a provider to respond to a request for records, with one 30-day extension for good reason. In accordance with California Health & Safety Code §123100, a record preparation fee of \$4 plus \$0.25/page will be charged. Government issued photo ID will be required of the individual picking up records.
- ◆ You have the right to request that CCRC amend their protected health information when that information is inaccurate or incomplete. If CCRC accepts an amendment request, we will make reasonable efforts to provide the amendment to persons that the individual has identified as needing it, and to persons that the covered entity knows might rely on the information to the individual's detriment. If the request is denied, we will provide the individual with a written denial and allow the individual to submit a statement of disagreement for inclusion in the record. Additionally, CCRC will amend protected health information upon receipt of notice to amend from another health care provider.
- ◆ Individuals have a right to an accounting of the disclosures of their protected health information by CCRC. We are not obligated to account for any disclosure made prior to the date at the bottom of this notice. The Privacy Rule does not require accounting for disclosures as permitted by law.
- ◆ Individuals have the right to request that CCRC restrict use or disclosure of protected health information for treatment, payment or health care operations, disclosure to persons involved in the individual's health care or payment for health care, or disclosure to notify family members or others about the individual's general condition, location, or death. All requests will be reviewed and approval will be at the discretion of CCRC. CCRC is under no obligation to agree to requests for restrictions.
- ◆ An individual may request that CCRC communicate with the individual through a designated address or phone number.

As a courtesy, Central Coast Renal Care (CCRC) will bill your insurance and provide necessary documentation for the processing of claims. As required by law, CCRC must have policies in place to prevent insurance fraud. Therefore, it is our policy to obtain a government issued photo ID from the patient (or the parent/guardian of a minor), to be scanned with the patient's insurance card. Acceptable forms of identification can include a driver's license, state issued ID card, passport, etc. Patients may refuse to comply; however, we will be unable to bill your insurance. Alternatively, you may receive treatment as a self-pay patient: rates for your visit will be determined as care is provided. Payment for services rendered on a Self Pay basis will be billed to you on your next billing cycle, and are payable net 30 days.