

Emerald Valley Wellness Clinic

300 N. Mill St., Suite A

Creswell, OR 97426

Office: 541-895-5300 • Fax: 541-895-5319

PATIENT REGISTRATION & MEDICAL HISTORY

Date: _____

Full Legal Name: _____ (Please circle): *Male* *Female*
Last First MI

Mailing Address: _____ Social Status: *Sing* *Mar* *Div* *Wid*

City _____ State _____ ZIP _____

Phone Number: _____ Date of Birth: _____ Age: _____

Cell Phone: _____ E-mail: _____

Work Phone: _____ Employment: _____

Social Security No.: _____ Religious faith (optional): _____

Notify in case of Emergency: _____ Relation: _____

Phone: _____ Cell Phone: _____

Health Concerns:

1. _____
2. _____
3. _____
4. _____
5. _____

Past Diseases: _____

Operations: _____

Accidents & Injuries: _____

Allergies: (Please specify: medications, foods, environmental, pets, ect.)

Medications, Vitamins, Herbs: _____

Habits:

Tobacco _____ packs/day Exercise _____
Alcohol _____ drinks/week Sleep _____ hrs/night
Marijuana _____ times/week Is it restful? *Y* or *N*
Caffeine _____ cups/day

Family History: Which of your blood relatives have had?

High blood pressure _____
Heart disease _____
Emphysema _____
Allergies/Asthma _____
Arthritis _____
Diabetes _____
Cancer _____
Mental illness _____
Kidney problems _____
Epilepsy or seizures _____
Alcohol or drug abuse _____
Hereditary conditions (specify) _____
Other illnesses _____

Dietary History:

Breakfast – time _____
Usual menu _____
Lunch – time _____
Usual menu _____
Supper – time _____
Usual menu _____
Snacks – (frequency) _____ (type) _____
Sweets – (frequency) _____ (type) _____
Water _____ glasses/day

Immunizations: (circle vaccines completed)

DPT Polio MMR Tetnus Pneumonia
Influenza Hepatitis Other _____

Dates _____

Education _____

Military _____

Foreign Travels: _____

Children: (include ages) _____



EMERALD VALLEY WELLNESS CLINIC

This form allows you to designate a family member or friend to discuss your medical care if you are unable to or need someone to contact the doctor for you. Signing this form allows us to release and discuss your medical information with that person.

RELEASE OF MEDICAL INFORMATION

I authorize Emerald Valley Wellness Clinic to release information about my medical care, including lab and other test results, to the following individual(s):

Name

Relationship

Phone number

Name

Relationship

Phone number

Name

Relationship

Phone number

Patient Name (Please Print)

Patient Signature

Date

Emerald Valley Wellness Clinic
Richard A. Hansen, M.D.
P.O. Box 1057 · 300 N. Mill St., Suite A
Creswell, OR 97426
Phone (541) 895-5300 · Fax (541) 895-5319

Permission To Bill Medicare

Emerald Wellness, PC is a Preferred Provider with Medicare and accepts their fee schedule as full payment for services provided to Medicare enrolled patients. We bill Medicare and Medicare supplements as a courtesy to our patients. Any charges, such as deductibles and copays remain the responsibility of the patient.

I authorize the release of any medical or other information necessary to process Medicare claims. I also request payment of Medicare (government payments) to Emerald Wellness, PC (Richard A. Hansen, M.D.) for services rendered. I agree to pay deductibles and copays, for which I am responsible, in a timely manner. I understand that interest charges may apply to unpaid invoices after 30 days.

Signature

Date

Printed Name

EMERALD VALLEY WELLNESS CLINIC

FINANCIAL POLICIES

We are a family practice and preventive medicine clinic. Our goal is to provide the very best medical care and health education possible to our patients. It is our philosophy and desire to see every patient able to make the best choice possible regarding their health and treatment plan in conjunction with the doctor's best medical advice.

As a courtesy to our patients, we are willing to bill Medicare, Workers Compensation and other standard insurance providers. We accept assignment and are preferred providers for Medicare. Many other insurance plans will provide coverage with out-of-network benefits. We are not able to bill any HMOs. Final payment for services is the patient's responsibility. Patients with a co-pay or co-insurance will be required to pay that portion at the time of visit. Any balance due after the insurance claim has been processed will be billed to the patient. Charges not covered by insurance will be the patient's responsibility.

Patients with Blue Cross will be asked to pay for their visit in full at the time of visit. We will bill Blue Cross and the patient will be reimbursed directly. Medicare Advantage plans will pay our office as long as they are not an HMO and do not require a preferred provider. As an out of network provider it may change your copay requirement.

We ask uninsured patients to provide payment for services at the time of the appointment unless other arrangements have been made in advance with the business office. We seek to keep our rates as reasonable as possible and do provide a sliding scale for low-income families. Patients or the responsible party can request an application for a reduced fee schedule before their appointment.

If you have any questions regarding your insurance coverage for our clinic services, please feel free to contact us. We thank you for your understanding in this matter and hope that you will appreciate our desire to have the freedom to treat each patient with the best medical care we can.

I have read and agree to the Notice of Privacy Practices provided at the time of registration.

I have read, understood and agree to the above financial policy. I understand that I am responsible for all charges. I agree to pay invoices in a timely manner and understand that interest may apply on overdue invoices after 30 days. If it becomes necessary to effect collections on any amount owed to Emerald Valley Wellness Clinic, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the doctor to release information necessary to secure payment of benefits.

Signature: Patient or Responsible Party

Date

Printed Name of Signer

Name of Patient
(If different than Signer)

EMERALD VALLEY WELLNESS CLINIC

NOTICE OF PRIVACY PRACTICES

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). In conducting our business we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- * How we may use and disclose your PHI,
- * Your privacy rights in your PHI,
- * Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. If you have questions about this Notice, please contact:

Richard A. Hansen, M.D., *Emerald Valley Wellness Clinic*, PO Box 1057, Creswell, OR 97426 or call (541) 895-5300.

C. We may use and disclose your PHI in the following ways:

The following categories describe the different ways in which we may use and disclose your PHI.

1. Treatment. Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice — including, but not limited to, our doctors and nurses — may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

2. Payment. Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health care operations. Our practice may use and disclose your PHI to operate our business, for example: our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

4. Appointment reminders. Our practice may use and disclose your PHI to contact you and remind you of an appointment.

5. Treatment options. Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

6. Health-related benefits and services. Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of information to family, spouse or next of kin. Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter take their child to the pediatrician's office for treatment of a cold. In this example, the baby sitter may have access to this child's medical information.

8. Disclosures required by law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

D. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public health risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- * Maintaining vital records, such as births and deaths,
- * Reporting child abuse or neglect,
- * Preventing or controlling disease, injury or disability,
- * Notifying a person regarding potential exposure to a communicable disease,
- * Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- * Reporting reactions to drugs or problems with products or devices,
- * Notifying individuals if a product or device they may be using has been recalled,
- * Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information,
- * Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health oversight activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and similar proceedings. Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law enforcement. We may release PHI if asked to do so by a law enforcement official:

- * Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
- * Concerning a death we believed to have resulted from criminal conduct,
- * Regarding criminal conduct at our offices,
- * In response to a warrant, summons, court order, subpoena or similar legal process,

- * To identify/locate a suspect, material witness, fugitive or missing person,
- * In an emergency, to report a crime (including the location or victim(s) of crime, or the description, identity or location of the perpetrator).

5. Deceased patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Organ and tissue donation. Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes unless:

The use or disclosure involves no more than a minimal risk to your privacy based on the following: (i) an adequate plan to protect the identifiers from improper use and disclosure; (ii) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law) and (iii) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted.

8. Serious threats to health or safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. National security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

10. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

11. Workers' compensation. Our practice may release your PHI for workers' compensation and similar programs.

E. Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

1. Confidential communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Richard A. Hansen, M.D., *Emerald Valley Wellness Clinic*, PO Box 1057, Creswell, OR 97426 or call (541) 895-5300, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Richard A. Hansen, M.D., *Emerald Valley Wellness Clinic*, PO Box 1057, Creswell, OR 97426 (or call (541) 895-5300 if you need information). Your request must describe in a clear and concise fashion:

- * The information you wish restricted,
- * Whether you are requesting to limit our practice's use, disclosure or both,
- * To whom you want the limits to apply.

3. Inspection and copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Richard A. Hansen, M.D., *Emerald Valley Wellness Clinic*, PO Box 1057, Creswell, OR 97426 (or call (541) 895-5300 if you need information), in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Richard A. Hansen, M.D., *Emerald Valley Wellness Clinic*, PO Box 1057, Creswell, OR 97426 (or call (541) 895-5300 if you need information). You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented — for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Richard A. Hansen, M.D., *Emerald Valley Wellness Clinic*, PO Box 1057, Creswell, OR 97426 (or call (541) 895-5300 if you need information). All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a paper copy of this notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Richard A. Hansen, M.D., *Emerald Valley Wellness Clinic*, PO Box 1057, Creswell, OR 97426 (or call (541) 8955300 if you need information).

7. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Richard A. Hansen, M.D., *Emerald Valley Wellness Clinic*, PO Box 1057, Creswell, OR 97426 (or call (541) 895-5300 if you need information). All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* We are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact Richard A. Hansen, M.D., *Emerald Valley Wellness Clinic*, PO Box 1057, Creswell, OR 97426 (or call (541) 895-5300 if you need information). *Thank you.*