

The Medical Center of Elberton, LLP

Patient Information Sheet rev 5/2007

(In order to see a physician, this sheet must be completed in full!)

Personal Information:

Married Single

Date: _____

Patient Name: _____
First Middle Last Male Female

Date of Birth: ___/___/___ SSN: ___-___-___ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Employed By: _____ Occupation: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone #: _____ How did you hear about us? _____

Insurance Company: _____ Member #: _____

Member Name: _____ Group #: _____

Person Responsible for Payment of Bill: _____ Relationship: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

I hereby certify that the above information is true to the best of my knowledge. I agree to take financial responsibility of any charges, whether covered by my insurance contract or not. I understand that failure to take responsibility of any charges may lead to my discharge as a patient, and that my account may possibly be turned over to a third party collection agency for collection attempts on unpaid debts. I hereby authorize the payment of all medical benefits directly to either the provider responsible, or The Medical Center of Elberton, LLP.

Authorized Signature: _____ Date: _____

Patient Acknowledgment of Notice of Privacy Practices

As required by the Privacy Standards of the Health Insurance Portability & Accountability Act of 1996 (HIPAA)

I have received a copy of the Notice of Privacy Practices of The Medical Center of Elberton, LLP and/or Elbert Industrial Medicine, LLC on the date indicated below.

I understand that if any changes are made to this Notice of Privacy Practices, a revised copy of the Notice will be posted in the offices of The Medical Center of Elberton, LLP and Elbert Industrial Medicine, LLC.

I also understand that if I wish to receive additional copies of this Notice of Privacy Practices in the future, or if I have any questions with regard to this Notice of Privacy Practices, I may contact:

**Chief Privacy Officer; The Medical Center of Elberton, LLP, 109 College Avenue, Elberton, GA 30635
Phone: (706) 283-3315; Fax: (706) 283-2159**

Signature of Patient

Date

Printed Name

Our Financial Policy

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy in which we require you to read and sign prior to any treatment.

_____ All patients must complete our Patient Information sheet in full prior to seeing a provider.
initials

PAYMENT IS DUE AT THE TIME OF SERVICE

WE ACCEPT CASH, CHECKS, or CREDIT/DEBIT CARD

_____ A discount will be given to self-pay patients (patients who do not have insurance) if payment in full is received on the same day of service. Please ask the check-in or check-out representative for the discount.

Regarding Insurance

We must get an updated copy of every patient's insurance card as changes occur. Please bring your card when you come to our office and allow our staff to make necessary copies upon each visit.

_____ We will accept assignment of insurance benefits as a courtesy. The balance is your responsibility
initials whether your insurance company pays or not. We cannot bill your insurance company unless you give us the correct insurance information. If we do not receive a copy of your insurance card, we will bill you for the services. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare program and/or other medical insurance plans. *You should be an active participant in the billing process and make sure that the proper insurance is billed and paid in a timely manner.*

Regarding Insurance Plans where we are the Participating Provider

_____ All copays and deductibles are due at the time of treatment.
initials

Adult Patients

_____ Adult patients are responsible for full payment at the time of service.
initials

Minor Patients

_____ The adult accompanying a minor and/or the parent (or guardian of the minor) is responsible for
initials full payment.

Missed Appointments

_____ Please cancel at least 24 hours in advance. Please help us serve you better by keeping your
initials scheduled appointments.

I have read the Financial Policy stated above. I understand and agree to this Financial Policy. I also understand that my account will be turned over to collections if I do not pay on my account consistently. I understand that outstanding balances should be reduced consistently by my payments. I agree that in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers which could result in charges to you. We may contact you by sending text messages or e-mails, using any e-mail address you provide to us. Methods of contact may include pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

X _____
Signature of Patient or Responsible Party

Date _____

The Medical Center of Elberton, LLP
Authorization of Consent for Treatment

I hereby authorize and consent to be treated by The Medical Center of Elberton, LLP physicians and staff. The undersigned consents to any X-Ray, examination, laboratory procedures, anesthesia, minor surgical procedures or any medical services rendered under the general or specific instructions of The Medical Center of Elberton, LLP physicians. The undersigned recognizes that some persons furnishing professional medical services, including but not limited to radiology and pathology, may be independent contractors and not employees or agents of The Medical Center of Elberton, LLP.

Age of Consent Where Minors are involved, the following shall prevail:

- 1) The consent of parent or legal guardian if patient is unmarried and has not yet attained the age of 18.
- 2) If a patient under 18 years of age is married, or has been married and such marriage has been dissolved by dissolution or annulment, then the consent of a parent or legal guardian is not required.
- 3) Georgia State Statute O.C.G.A. 31-9-2, that any female, regardless of age, or marital status, may consent to treatment in connection with pregnancy, prevention of pregnancy, or childbirth without consent of a parent or legal guardian.
- 4) Georgia State Statute O.C.G.A. 31-17-7 provides that a minor can receive treatment for venereal disease without parental consent being required.
- 5) Georgia State Statute O.C.G.A. 37-7-8 provides that a minor may receive treatment for drug abuse without parental consent being required.

The undersigned hereby acknowledges that he or she has read and fully understands the foregoing, and has voluntarily executed this document. The undersigned further acknowledges that he or she is the patient, or is duly authorized by and on behalf of the patient to execute this document and accepts its terms personally and upon the patient's behalf.

Signature _____

Date _____

The Medical Center of Elberton, LLP

Glenn S. Poon, M.D.

Mark L. Daniel, M.D.

Matthew L. Jenkins, M.D.

J. Daniel McAvoy, M.D.

Jonathan Y. Poon, M.D.

R. David Mize, M.D.

Ralph E. Crowe, M.D.

Authorization to Release Information to Family Members

Many of our patients allow family members such as their spouse, significant other, parents or children to call and request the result of tests, procedures and financial information. Under the requirements for H.I.P.P.A. we are not allowed to give this information to anyone without the patient's consent. If you wish to have your medical information, any diagnostic test results and/or financial information released to any family members you must sign this form.

You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I authorize The Medical Center of Elberton, LLP to release my records and any information to the following individuals.

1. _____ **Relation to Patient** _____
2. _____ **Relation to Patient** _____
3. _____ **Relation to Patient** _____
4. _____ **Relation to Patient** _____
5. _____ **Relation to Patient** _____

Patient Name (PLEASE PRINT)

Date

Patient Signature

The Medical Center of Elberton, LLP & Elbert Industrial Medicine, LLC

Privacy Notice

As required by the Privacy Standards of the Health Insurance Portability & Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

In normal operation of providing healthcare to the patient, it is necessary for The Medical Center of Elberton, LLP and Elbert Industrial Medicine, LLC (covered entities as defined by The Health Insurance Portability and Accountability Act of 1996) to use and disclose Protected Health Information (PHI) in the process of daily operation. The covered entity must access patient information within the scope of its own operation in order to determine medical diagnoses, provide medical treatment, properly document the actions taken in the course of diagnosis and treatment, maintain protected health information, and to bill and collect for health care services provided.

In many instances, a patient's protected health information must be used outside of the covered entity's scope or specialty of care and services provided. The instances where disclosure of protected health information without the authorization of the patient would take place includes, but is not limited to: the referral of a patient to a specialist physician, clinic, hospital, outpatient services center, home health care, or hospice; admission to a hospital, outpatient services center, nursing home or personal care home; the of approval of pharmaceuticals; the sending and retrieval of laboratory testing performed by third party laboratories; the billing and collection of services provided by The Medical Center of Elberton, LLP in the format of electronic data interchange, and in some cases, the financial collection payments through an agreement with an agency whereby financial collections is a sole service provided; quality control audits performed by health plans; the technical support and maintenance of electronic computer systems through an agreement with third party vendors whereby technical computer sales, support and maintenance are the sole services provided by the vendor. In addition to uses and disclosures mentioned above, there are exceptions as defined by The Health Insurance and Accountability Act of 1996 whereby protected health information can be disclosed without the patient's authorization that include the following: a) if the patient's protected health information has been de-identified (a process in which any identifying information as it relates to the patient is removed); b) For special circumstances which includes: Overriding public interests that include public health concerns, governmental functions, medical research, reporting of abuse, neglect, or domestic violence, legal processes and law enforcement, emergencies, military requests, coroner requests, medical examiner requests, organ and tissue donation purposes, workers compensation as required by applicable laws funeral purposes, cases whereby the covered entity has a legal obligation to treat the patient, and cases in which substantial communication barriers exist. All other uses and disclosures will be made only with the authorization of the individual, who has the right to revoke any such authorization at any time, provided that the authorization is provided in writing. However, the patient should note that any prior uses and disclosures that were previously authorized cannot be taken back.

In addition to the use and disclosure instances mentioned previously, there may be other ways that The Medical Center of Elberton, LLP and/or Elbert Industrial Medicine, LLC intends to use and disclose protected health information in order to minimize administrative burdens placed on the patient and covered entity alike, which includes but is not limited to: contacting the patient to remind of appointments; contacting patient to discuss findings and/or treatments for laboratory and/or radiology results, allow a family member (using professional judgment) to act on the patient's behalf in the case of the patient being absent or incapacitated for the purpose of picking up prescriptions, medical supplies, X-rays, providing PHI to a Group Health Plan Sponsor or Health Insurer, etc. unless an objection is given by the patient for doing so. In the instance of use and disclosure whereby the covered entity contacts the patient, the covered entity will act within reason to maintain privacy and confidentiality between the patient/covered entity relationships.

Under The Health Insurance Portability and Accountability Act of 1996, measures were enacted to establish patient rights as related to the privacy of protected health information that includes the following: a) The right to request restrictions on certain uses and disclosures of PHI; b) The right to request an amendment to any information the patient believes to be incorrect and/or incomplete. A request for an amendment must be made in writing. The covered entity is not required to agree to an amendment if: 1) the covered entity did not create the information; 2) the information the patient is requesting an amendment for is not part of the health information that the covered entity keeps; 3) the patient would not be permitted to inspect and copy; 4) The information is accurate and complete; c) The right to receive PHI via confidential communications, as long as the request being made is reasonable; d) The right to inspect and copy PHI; e) The right to receive an accounting of all disclosures of PHI that fall outside of the scope of the covered entity's treatment, payment and healthcare operations, and which is limited to a period of no more than six years or any disclosures taking place before April 14, 2003, and provided free of charge once per year; f) The right to receive a copy of the covered entity's privacy notice either electronically or in paper format. However, in the case whereby a patient wishes to copy PHI or an accounting of disclosures, the patient will be required to pay a reasonable and customary fee for the retrieval and production of the PHI or accounting of disclosures by the covered entity in advance. Any request made by the patient must be done so in writing on the applicable form provided by the covered entity.

In order to maintain compliance under The Health Insurance Portability and Accountability Act of 1996, The Medical Center of Elberton, LLP is required to guard the privacy of PHI and to provide patients with notice of our legal duties and privacy practices regarding PHI. The Medical Center of Elberton, LLP has developed a plan of action as it relates to maintaining the privacy of PHI that includes: education and training of all staff and physicians of the general laws and how the laws relate to The Medical Center of Elberton, LLP; performing an extensive and formal analysis daily treatment, payment and healthcare operations to assess methods of improved privacy and security of PHI; policies and procedures for maintaining the privacy and security of PHI in all treatment, payment and operations; and engaging in contractual relationships with third parties to maintain privacy of PHI in instances whereby PHI is used and disclosed without the patient's authorization. The Medical Center of Elberton, LLP is required to abide by the terms set forth in this privacy notice, and thereby reserves the right to change the terms of this notice and how patients receive any such notice, given that a notice is posted for a minimum of 60 days in advance. In cases whereby State Law is more stringent than Federal Law, State Law will govern, and the Covered Entity shall abide by such State Law.

In such cases whereby the patient believes that his or her rights have been violated as related to the privacy of his or her PHI, the patient also has the right to issue a complaint to The Medical Center of Elberton's Chief Privacy Official and/or to the Secretary of The Department of Health and Human Services. In the case whereby a complaint is issued, The Medical Center of Elberton, LLP may not retaliate against a patient for issuing the complaint. If the patient wishes to issue a formal complaint to the Medical Center of Elberton, LLP, the complaint must be issued in writing to the attention of: The Medical Center of Elberton, LLP, 109 College Avenue, Elberton, GA 30635, Attn: Chief Privacy Official. If the patient wishes to discuss the complaint with the Chief Privacy Official, the patient may also call (706) 283-3315.