

Patient's Information	front and back of each insurance card.
Name	Company
Address	Claims address
	Group #
Home Phone	Policy/ID#
Cell Phone	Name on Card
Birth Date	Secondary Insurance Information
Social Security #	Company:
Power of Attorney (POA)	Claims address:
Name	
Address	Group #
	Policy/ID#:
Email	Name on Card:
Relationship to patient Contact before visits? Y N	Other Physicians Seen - Name and Specialty:
Emergency Contact (if different than POA)	
Name	
Phone	
Relationship to patient	Home Health Agency
Where should bills be sent? (Billing address)	Phone
	How did you hear aboutus?



Printed name and relationship to patient, if applicable

2430 W. Ray Rd., Suite 3 Chandler, AZ 85224 O: (480) 626-6318

Patient Name:	DOB:
General Consent for Treatment	
nterest, including routine diagnostic examinations, rad of medicine is not an exact science and acknowledge the success or outcomes of any examination, treatment,	ovider and his/her designee(s) may deem advisable and in my best liology and laboratory procedures. I understand that the practice nat no guarantees have been made to me regarding the likelihood, diagnosis, or tests performed. I understand that excluding or interventional procedures will be performed without giving me the expected risks and benefits explained.
Responsibility for Payment/Assignment of Benefits	
third-party payer including, but not limited to, Medicard and any other benefits/coverage for which I am eligible	ed, directly to The Doctor Is In from my insurance company or re, Medicaid, commercial health insurance, automobile insurance, e. I consent to the use of my health information by The Doctor Is In ervices provided, and for health care operations of The Doctor Is gulations.
	narges not covered by my health care benefits, including, but not services. I understand that it is my responsibility to notify The
Privacy Practices/Patient Rights and Responsibilities	
now my health information may be used and disclosed Act (HIPAA). I have had the opportunity to review this in Health Information Exchange (HIE) Notification form an	nt Rights and Responsibilities", which includes information about as required by the Health Insurance Portability and Accountability information before signing this form. I have received and read the ind understand my provider participates in the HIE program.
have read this consent form, or it has been read to me, satisfied that I understand its contents.	, my questions have been answered to my satisfaction, and I am
Signature of Patient or Legal Representative	Date of Signature



Patient's name		Today's Date						
Birthdate	Height_	Weight	Gender					
Person completing this form		Relations	nip to patient					
Pharmacy name/address			Phone #					
Current medications and supplemen	ts (may also attach	separate list, includ	e dose and instructions)					
Name of medications	<u>Dose</u>	<u>Instruc</u>	tions					
Allergies:								
Medication/Substance			Reaction					
Recent Hospitalizations:								
<u>Hospital</u>	<u>Dates</u>		Reason for hospitalization/Diagnosis					



Medica	al History:				
	Heart disease Heart attack Stroke Irregular heartbeat High blood pressure High cholesterol Heart murmur COPD/emphysema Asthma Pneumonia Dementia Diabetes		Kidney disease Hypothyroidism GERD/Heartburn Stomach ulcers Cirrhosis/liver disease Osteoporosis Arthritis Back problems Hard of hearing		□ Cataracts □ Macular degeneration □ Glaucoma □ UTI/Bladder infection □ BPH/Prostate trouble □ Cancer (types)
Surgica	Tonsillectomy Appendectomy Gallbladder Hysterectomy Bypass surgery Cardiac angioplasty/stents		Other heart surgery Prostate surgery Colonoscopy Back surgery Knee replacement Hip replacement		Set fracture Cancer surgery Cataract Removal
Family	History:				
<u>Family</u>	Member	Age at	death	<u>Cau</u>	se of death/Medical history
Father					
Mothe	er				
Others	;				



Social History	:											
Marital Status Liv			Lives w	Lives with								
Do you have ar	ny childre	en? If so	, how m	any, and	where	do theylive?						
Education						Occup	atior	n				
Religion												
Smoking history: Never Past		Past	Current	Current How much dai		daily	y?When quit?					
Alcohol history	:	Never	Past	Current	t How much daily		y?When quit? _					
Drug abuse his	tory:	Never	Past	Current	nt What drugs?							
Immunization I	History:											
Flu shot	Υ	N	Date			_Shingles		Υ	N	Date		
Pneumonia	Υ	N	Date			Other				Date		
Review of Syste	ems — p	lease cir	cle any t	hat you	are havi	ng (current c	or re	cent):				
Fever/Chills		Ear pa	in		Chest	pains		Urina	ry incoi	ntinence		Falls
Weight loss		Sore th	nroat		Nause	a		Burni	ng with	urination		Depression
Weight gain		Difficu	lty swal	lowing	Vomit	ing		Night	time fre	equency		Anxiety
Wear glasses		Dental	pain		Consti	pation		Joint	oains			Insomnia
Vision loss		Wear	denture	!S	Diarrh	ea		Joint	swelling	5		Tiredness
Eye pain		Nasal	congest	ion	Abdon	ninal Pain		Joint	nstabil	ity		Leg swelling
Eye discharge	2	Runny	nose		Heartk	ourn		Weak	ness			Rash
Wear hearing	aid	Cough			Blood	in stools		Mem	ory loss	c/confusion		Open sores
Hearing loss		Shortn	ness of b	oreath	Bowel			Easy l	oruising	5	Diz	ziness



F: (480) 626-6798

Authorization to Release Medical Records

Patient Name:				DOB:			
By my signature be	elow, I auth	norize					
To release my medical records to:			The Doctor Is In				
				2430 W. Ray F Chandler, AZ			
Records to be rele	ased:	□ Past 2 years		□ Past 1 year	С	□ All available	records
□ Lab results	□ H&P	□ Discharge su	ummary	□ ER records−	-visit date	e	
□ Diagnostic testir	ng results	□ Consults	□ Oper	ative notes	□ lmmuı	nization recor	d
□ Other							
			_				
Signature of Patient or Legal Representative				Date of	Signature		
Printed name and rela	ationship to p	atient, if applicabl	<u> </u>				

O: (480) 626-6318 F: (480) 626-6798



Patients' Bill of Rights and Responsibilities

Quality of care:

- You have the right to high-quality care by a competent staff.
- You have the right to be treated with courtesy, respect, and dignity without discrimination in respect to race, religion, gender, age, sexual orientation, or diagnosis.
- You have the right to receive treatment that supports and respects your individuality, choices, and beliefs.
- You have the right to participate in choices about your care, including the right to refuse any recommended treatment.

Information, Voice, and Choice:

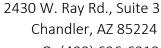
- You have the right to receive information about your health, diagnoses, and treatment explained in a way that you understand.
- You have the right to make advance directives and have your wishes followed.
- You have the right to receive assistance from a family member or other representative of your choice in making decisions about your care and protecting your patient rights.
- You have the right to complain and have your concerns reviewed. Complaints may be sent to: Privacy Officer 2430 W. Ray Rd., Suite 3 Chandler, AZ 85224.

Privacy

- You have the right to receive privacy in treatment and care for your personal needs.
- You have the right to have the confidentiality of your medical records protected. Except as permitted by law, your medical and financial records will not be released without your written consent.
- You have the right to review your own medical record per state law and request amendment of information you feel is inaccurate.

It is your responsibility

- To treat your health care provider with consideration and respect.
- To be honest about matters relating to you as a patient, including accurate and complete information about your current complaints/concerns, past medical and surgical history, hospitalizations, medications, and other information pertinent to your health and medical care.
- To provide us with accurate address, telephone number, contact and insurance information, and update as necessary.
- To provide us with a current copy of your advance health care directives.
- To ask questions if you do not understand what you have been told about your health or what you are expected to do.
- To report any new or unexpected changes in your condition to your health care provider.
- To follow the treatment plan you have agreed to with your health care provider.
- For any adverse outcomes resulting from failure to follow your health care provider's recommendations for care or treatment.
- To be available for appointments as scheduled or to notify The Doctor Is In as soon as possible prior to the appointment to allow appropriate rescheduling.
- To assure the financial obligations for your healthcare are fulfilled as promptly as possible.



O: (480) 626-6318 F: (480) 626-6798





healthcurrent Notice of Health Information Practices

You are receiving this notice because your healthcare provider participates in a non-profit, non-governmental health information exchange (HIE) called Health Current. It will not cost you anything and can help your doctor, healthcare providers, and health plans better coordinate your care by securely sharing your health information. This Notice explains how the HIE works and will help you understand your rights regarding the HIE under state and federal law.

How does Health Current help you to get better care?

In a paper-based record system, your health information is mailed or faxed to your doctor, but sometimes these records are lost or don't arrive in time for your appointment. If you allow your health information to be shared through the HIE, your doctors are able to access it electronically in a secure and timely manner.

What health information is available through Health Current?

The following types of health information may be available:

- Hospital records
- Medical history
- Medications
- Allergies
- Lab test results

- Radiology reports
- Clinic and doctor visit information
- Health plan enrollment and eligibility
- Other information helpful for your treatment

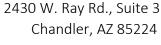
Who can view your health information through Health Current and when can it be shared? People involved in your care will have access to your health information. This may include your doctors, nurses, other healthcare providers, health plan and any organization or person who is working on behalf of your healthcare providers and health plan. They may access your information for treatment, care coordination, care or case management, transition of care planning and population health services.

You may permit others to access your health information by signing an authorization form. They may only access the health information described in the authorization form for the purposes stated on that form. Health Current may also use your health information as required by law and as necessary to perform services for healthcare providers, health plans and others participating with Health Current.

The Health Current Board of Directors can expand the reasons why healthcare providers and others may access your health information in the future as long as the access is permitted by law. That information is on the Health Current website at healthcurrent.org/permitted-use.

Does Health Current receive behavioral health information and if so, who can access it? Health Current does receive behavioral health information, including substance abuse treatment records. Federal law gives special confidentiality protection to substance abuse treatment records from federally-assisted substance abuse treatment programs. Health Current keeps these protected substance abuse treatment records separate from the rest of your health information. Health Current will only share the substance abuse treatment records it receives from these programs in two cases.

One, medical personnel may access this information in a medical emergency. Two, you may sign a consent form giving your healthcare provider or others access to this information.



O: (480) 626-6318 F: (480) 626-6798



How is your health information protected?

Federal and state laws, such as HIPAA, protect the confidentiality of your health information. Your information is shared using secure transmission. Health Current has security measures in place to prevent someone who is not authorized from having access. Each person has a username and password, and the system records all access to your information.

Your Rights Regarding Secure Electronic Information Sharing

You have the right to:

- 1. Ask for a copy of your health information that is available through Health Current. Contact your healthcare provider and you can get a copy within 30 days.
- 2 Request to have any information in the HIE corrected. If any information in the HIE is incorrect, you can ask your healthcare provider to correct theinformation.
- 3. Ask for a list of people who have viewed your information through Health Current. Contact your healthcare provider and you can get a copy within 30 days. Please let your healthcare provider know if you think someone has viewed your information who should not have.

You have the right under article 27, section 2 of the Arizona Constitution and Arizona Revised Statutes title 36, section 3802 to keep your health information from being shared electronically through Health Current:

- 1. You may "opt out" of having your information available for sharing through HealthCurrent. To opt out, ask your healthcare provider for the Opt Out Form. After you submit the form, your information will not be available for sharing through HealthCurrent.
 - **Caution**: If you opt out, your health information will NOT be available to your healthcare providers even in an emergency.
- 2 You may exclude some information from being shared. For example, if you see a doctor and you do not want that information shared with others, you can prevent it. On the Opt Out Form, fill in the name of the healthcare provider for the information that you do not want shared with others.
 - **Caution**: If that healthcare provider works for an organization (like a hospital or a group of physicians), all your information from that hospital or group of physicians may be blocked from view.
- 3 If you opt out today, you can change your mind at any time by completing an Opt Back In Form that you can obtain from your healthcare provider.
- 4. If you do nothing today and allow your health information to be shared through Health Current, you may opt out in the future.

IF YOU DO NOTHING, YOUR INFORMATION MAY BE SECURELY SHARED THROUGH HEALTH CURRENT.