



Arthritis & Joint Center of Florida

2328 Medico Lane, Melbourne, FL 32940

321.956.1501 fax 321.956.1502

PATIENT INFORMATION

Patient Name _____

Billing Address _____
(street) (city) (state) (zipcode)

Other Address _____
(if applicable) (street) (city) (state) (zipcode)

Dates Available if Other Address is Listed _____

Date of Birth _____ Sex _____ SSN _____

Telephone _____ Mobile _____

Contact Preference: _____ Home _____ Mobile _____ Other _____

Patient Email _____

Employment Status (check one) _____ Unemployed _____ Employed _____ Retired

Marital Status (check one) _____ Divorced _____ Married _____ Single _____ Widowed

If Married, Name of Spouse _____

Spouse's SSN _____ Spouse's Date of Birth _____

Who should we contact in case of emergency? _____

Phone _____ Relationship to You _____

Ethnicity (check one) _____ Hispanic/Latino _____ Not Hispanic/Not Latino

Race (check all that apply) _____ American Indian/Alaska Native _____ Native Hawaiian/Other Pacific Islander _____ Asian
_____ Black/African American _____ White _____ Other

Primary Language _____

Whom May We Thank for Referring You? _____

HEALTH INFORMATION RELEASE

In order to assist you in receiving your health information from the Arthritis & Joint Center of Florida, please complete this section.

I authorize the person(s) listed below to have access to any and all of my health information, including HIV, drug and alcohol abuse and psychiatric records. Arthritis & Joint Center of Florida is permitted to share my medical information with these people including test results and information disclosed during office visits. Persons I authorize to receive this information include (please provide full name and telephone number):

Name	Telephone
_____	_____
_____	_____

You may notify me or the parties listed above with test results, appointment reminders, and other information regarding my health information as follows (check as appropriate):

_____ Message on answering machine	Phone Number _____
_____ Message on cell phone	Phone Number _____
_____ Message on other phone	Phone Number _____
_____ Email	Email Address _____

I understand and direct that this authorization will remain in effect until it is revoked by me in writing. I have received a copy of the HIPAA Notice of Privacy Practices for the Arthritis and Joint Center of Florida.

_____ (Date)

Patient (print name)

Witness (print name)

Patient Signature

Witness Signature

ASSIGNMENT AND AUTHORIZATION OF INSURANCE BENEFITS: I hereby authorize payment directly to Arthritis & Joint Center of Florida of the physician's benefits otherwise payable to me, but not to exceed the physician's regular charges for this period of treatment. I understand I am financially responsible to Arthritis & Joint Center of Florida for charges benefits not covered by this assignment. I also understand the Arthritis & Joint Center of Florida is not responsible for the terms of the contract(s) which I have with my insurance company(ies) and that in certain circumstances my company(ies) may determine to pay all, some, or none of the charges resulting from my medical care. I hereby authorize the Arthritis & Joint Center of Florida or any of their physicians who have attended me to furnish my insurance company(ies) or representatives with any and all information that may be contained in their medical records.

Patient Signature

Date

NOTICE OF PRIVACY PRACTICES

Arthritis and Joint Center of Florida Melbourne, FL 32940

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this notice, please contact:

Privacy Officer
Arthritis and Joint Center of Florida
2328 Medico Lane., Melbourne, FL 32940
Telephone: (321) 956-1501 option 4
Fax: (321) 956-1502

WHO WILL FOLLOW THIS NOTICE

This notice describes our group's practices and that of:

- Any healthcare professional, employee, contractor, or other agent of the Arthritis and Joint Center of Florida (AJC) authorized to enter information into our patient medical record ("chart");
- All specialists or primary care consultants with whom we deal or who may assist in or consult with us on your care and treatment;
- Any intern, resident, medical student, healthcare professional student, or member of a volunteer group we allow to help you while a patient of AJC;
- And we may share medical information with any of your other treating healthcare providers, hospitals or physicians, HMOs, managed care plans, insurers or other third party payers, for treatment, payment of healthcare operation purposes described in this notice.

PROTECTED HEALTH INFORMATION

Any information about your health, your health care or payment for that care is considered confidential and protected by AJC. Your protected health information is any information that:

- Relates to your past, present or future physical or mental health or condition;
- Relates to the provision of health care to you;
- Relates to payment for health care provided to you; or
- Individually identifies you or reasonably can be used to identify you.

OUR PLEDGE

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at AJC. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by AJC, whether made by AJC personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use

and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, healthcare professional students, or other AJC personnel who are involved in your treatment while in the care of AJC. For example, a doctor treating you for cancer may need to know if you have melanoma or other skin cancers because it may spread to other areas of the body. We also may share medical information about you in order to coordinate the different things you need, such as laboratory tests. We also may disclose medical information about you to people outside of AJC, who may be involved in your medical care after you leave AJC, such as family members, clergy or others we use to provide services that are part of your care.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at the AJC may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health insurance company information about medical treatments you received at AJC so your health insurance company will pay us or reimburse you for the treatments. We may also tell your insurance company about a treatment you are going to receive in the near future to obtain prior approval or to determine whether your policy or plan will cover the treatment.

For Health Care Operations: We may use and disclose medical information about you for our healthcare operations. These uses and disclosures are necessary to run AJC, and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services or to evaluate the performance of our staff in caring for you.

We may also combine medical information about many of our patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other AJC personnel for review and educational purposes. We may also combine the medical information we have with medical information from other medical groups and healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and healthcare delivery without learning whom the specific patients are.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at AJC.

Treatment Alternatives: We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

Individual Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family, friends, or clergy members about your condition and that you are being treated by AJC. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research, the project patients' need for privacy of their medical information. Before we use or disclose medical for research, the project will most likely have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with your specific medical needs, so long as the medical information they review does not leave AJC. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at AJC.

As Required By Law: We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use or disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement of organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Golf Tournament: If you participate in our annual Total Joint Golf Scramble, we may release your name, age, picture, number of joints replaced and golf information to the press for marketing purposes. This information will only be released if you have previously signed a release on the day of the event.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and/or
- To notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. However, if the Department of Health is investigating abnormal drug activities of the AJC, we will only release your records to the Department of Health with your authorization.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- To provide information about the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
- To report a death we believe may be the result of criminal conduct;
- To report criminal conduct at AJC; and
- In emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroner, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of AJC to funeral directors, as necessary, to carry out their duties.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state to conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about our care. This includes medical and billing records, but does not include psychotherapy notes.

You have the right to inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to AJC. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional, chosen by AJC, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by AJC.

To request an amendment, your request must be in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment and we agree, at our sole discretion, that the amendment is correct and should be made;
- Is not part of the medical information kept by or for AJC;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is already accurate and complete, as we may determine at our sole discretion.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the lists. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we do not use or disclose information about a treatment you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. For example, you may want to limit disclosures to your family.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Receive a Copy of This Notice: You have the right to receive a paper copy of this notice at the date you first receive services from AJC. You may ask us to give you a copy of this notice at any time. If the first service occurs electronically, you will receive this notice electronically. However, you have the right to a paper copy of this notice.

To obtain a paper copy of this notice, write to the Privacy Officer, stating specifically what you are requesting and you must include a self-addressed and stamped envelope.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in the AJC office. The notice will contain the date of the latest revision.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with AJC, or with the Secretary of the Department of Health and Human Services. To file a complaint with AJC, please contact the Privacy Officer. All complaints must be in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosure of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures already made with your permission, and that we are required to retain our records of the care that we have provided to you.