



Patient Information Form

Date: _____

Demographic Information:

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ DOB: _____ Age: _____

SSN: _____ Gender: Male Female Marrital Status: Single Married Widowed

Employer: _____ Occupation: _____ Seperated Divorced

Employment Status: Full-Time Part-Time Unemployed Retired Student - Full/Part

How did you hear about us: TV Radio Billboard Friend Internet Other _____

Contact Information: Please place a check mark next to your preferred method of contact

Cell Phone: _____ Home Phone: _____ Work Phone: _____

I agree to allow Valley Day & Night Clinic to contact me via phone call, email or text message using any of the above listed numbers I have provided regarding my protected health information, evaluation and treatment. I authorize Valley Day & Night Clinic to leave detailed messages at those approved numbers and/or email for me when I am unavailable.

Patient Signature: _____

Ethnicity/Race (required for meaningful use)

Race: American Indian or Alaska Native White Ethnicity Hispanic or Latino Primary Language: English

Asian Other Race Not Hispanic or Latino Spanish

Black or African American Unknown Declined Other

Native Hawaiian or Other Pacific Islande Declined

Provider Information:

Primary Care Physician: Valley Day & Night Clinic Other: _____

Pharmacy: (where we will electronically send your prescriptions for pick-up)

Pharmacy Name: _____ Phone: _____

Address: _____

Responsible Party or Parent if Minor Child (under 17) Information: (only if other than yourself)

Responsible Party: Last Name: _____ First Name: _____ MI: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ DOB: _____ Age: _____

SSN: _____ Gender: Male Female Employment Statu: Full-Time Part-Time Retirec

Employer: _____ Occupation: _____ Unemployed Student-Full/Part

Primary Insurance Information:

Primary Insurance: _____

Policy Holder's Name: _____ DOB: _____

Employer: _____ SSN: _____

Emergency Contact

Name: _____ Relation to patient: _____

Address: _____ Phone: _____

AUTHORIZATION

I understand and agree that all services rendered to me are charged directly to my medical insurance company, and that I will be personally responsible for payment at the time of service for any amounts not covered by my insurance unless this is a work related injury, pending resolution from the Workers' Compensation Insurance Company. I authorize Valley Day & Night Clinic under the direction of its Medical Physicians and Staff to render care as is medically necessary including care rendered by a Physician Assistant, Medical Assistant or Nurse Practitioner, to obtain Medical Records if necessary in order to properly diagnose and treat, to release Medical Records if necessary to my insurance company should they request them for processing of my medical claim, and order to properly diagnose and treat. I authorize Valley Day & Night Clinic to release Medical Records and that payment be made directly to Dr. C. Lynn Anderson, Jr., dba Valley Day & Night Clinic.

Patient Signature: _____ Date: _____



Notice of Privacy Practices

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.

Purpose

Valley Day & Night Clinic and its professional staff, employees, volunteers, students, and Medical Staff follow the privacy practices described in this Notice. This Notice, which was developed to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), describes the general ways your protected health information ("PHI") may be used and disclosed in order for Valley Day & Night Clinic to provide you with medical treatment, to collect payment for services rendered to you by Valley Day & Night Clinic, and to facilitate Valley Day & Night Clinic's health care operations. PHI, as defined by HIPAA, means your personal health information, including genetic information, which is found in your medical and billing records and which relates to your past, present, or future physical or mental health conditions or the provision of payment for services related to those health conditions. During the course of treatment, payment, and health care operations activities, this may include information created or received by health care providers, insurance companies, and/or your employer.

Your Health Information Rights

You have the following rights regarding your PHI. Forms are available on our website, www.vdnclinic.com, or by contacting Valley Day & Night Clinic at (956) 982-1001.

- **A copy of this Notice.** You may obtain a copy of this Notice at any time, even if you have been provided with an electronic copy. You do not have to submit a written request to obtain the Notice. Paper copies of this Notice may be obtained from any registration desk. You may obtain an electronic copy of this Notice on our website at, www.vdnclinic.com.
- **Inspect and copy.** You may inspect and/or receive a copy of your PHI maintained by Valley Day & Night Clinic. Valley Day & Night Clinic may charge you a reasonable fee for copying your information. You must make this request in writing.
- **Request amendment.** If you believe your PHI maintained by Valley Day & Night Clinic is incorrect or incomplete, you may request an amendment to your information. Valley Day & Night Clinic is not required to agree to your request. This request must be in writing and you must provide a reason for the request.
- **Request restriction.** You have the right to request a restriction in our use, or disclosure of your PHI for treatment, payment, or healthcare 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 of 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 to 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 of or disclosure of your PHI, you must make your request in writing to our Compliance officer. Your request must describe in a clear and concise fashion:
 - (a) the information you wish is restricted
 - (b) whether you are requesting to limit our practice's use, disclosure or both; and
 - (c) to whom you want the limits to apply
- **Receive confidential communications.** You may request communications from Valley Day & Night Clinic regarding your PHI be provided to you in a certain way or at a certain location. For example, you may prefer to receive mail regarding your PHI at an address other than your usual mailing address. You must specify how or where you wish to be contacted. You must make this request in writing.
- **Accounting of disclosures.** You may request a list of disclosures made by Valley Day & Night Clinic of your PHI to persons or entities other than for the purpose of treatment, payment, or health care operations, or pursuant to your specific authorization. This list will contain each disclosure Valley Day & Night Clinic has made for the past six (6) years, unless you request a shorter time period. If you make more than one request in a 12-month period, Valley Day & Night Clinic may charge you a reasonable fee.

Valley Day & Night Clinic's Responsibilities

Valley Day & Night Clinic is required by law to ensure your PHI is kept private in accordance with federal and state law and provide you with notice of Valley Day & Night Clinic's legal duties and privacy practices with respect to your PHI. Valley Day & Night Clinic will notify you if there is a breach of your unsecured PHI. Valley Day & Night Clinic is required to abide by the terms of this Notice

as long as it is in effect. If Valley Day & Night Clinic revises this Notice, Valley Day & Night Clinic will follow the terms of the revised Notice as long as it is in effect.

Use and Disclosure of Your Protected Health Information

The following is a list of ways Valley Day & Night Clinic may use and disclose your PHI. Not every possible use or disclosure in any given section is listed. However, all of the ways Valley Day & Night Clinic is permitted to use or disclose your PHI will fall within one of the bold-faced print sections below. Your PHI may be disclosed electronically.

- **Treatment.** Valley Day & Night Clinic may use your PHI to provide you with medical treatment or services. Valley Day & Night Clinic may disclose your PHI to doctors, nurses, technicians, medical students, or other members of your health care team at Valley Day & Night Clinic to keep them informed about your care status or condition as necessary. For example, a doctor treating you for diabetes may need to tell a dietitian that you have diabetes so appropriate meals can be arranged. Valley Day & Night Clinic also may disclose your PHI to people outside Valley Day & Night Clinic who may be involved in your medical care, such as health care providers who will provide follow-up care, physical therapy organizations, medical equipment suppliers, laboratories, or pharmacies (verbal or electronic).
- **Payment.** Valley Day & Night Clinic may use and disclose your PHI to obtain payment from your insurance company or third party. For example, Valley Day & Night Clinic may need to provide your health plan with information about treatment you received for an ear infection so that your health plan will pay us or reimburse you for the treatment. Also, Valley Day & Night Clinic may disclose your PHI to your other health care providers to assist those providers in obtaining payment from your insurance company or third party.
- **Health Care Operations.** Valley Day & Night Clinic may use and disclose your PHI for routine health care operations. Health care operations at Valley Day & Night Clinic include, but are not limited to, training and education programs; reviewing the quality of care provided by health care professionals; obtaining health insurance or stop-gap insurance; conducting legal services and auditing services; conducting business planning and development activities; conducting risk management activities and investigations; and managing the business and general administrative activities of Valley Day & Night Clinic. Valley Day & Night Clinic may also disclose your PHI to your other health care providers to assist them in their health care operations.
- **Appointments and Alternatives.** Valley Day & Night Clinic may use and disclose your PHI to contact you to provide appointment reminders, prescription refill reminders, information about disease management or wellness programs, and other communications regarding your case management or health care coordination.
- **Business Associates.** Valley Day & Night Clinic may disclose your PHI to Valley Day & Night Clinic business associates in order to carry out treatment, payment, or health care operations.
- **Coroners, Medical Examiners and Funeral Directors.** Valley Day & Night Clinic may disclose your PHI to a coroner or medical examiner to identify a deceased person or to determine the cause of death, or as otherwise permitted by law. Valley Day & Night Clinic may also disclose PHI about patients of Valley Day & Night Clinic to funeral directors as necessary to carry out their duties.
- **Correctional Institutions.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, Valley Day & Night Clinic may disclose your PHI to the correctional institution or law enforcement official to provide you with health care, to protect your health and safety of others, or for the safety and security of the correctional institution or law enforcement official.
- **Essential Government Functions.** Valley Day & Night Clinic may disclose your PHI for essential government functions, such as conducting intelligence and national security activities that are authorized by law or providing protective services to the President and others.
- **Group Health Plans.** Valley Day & Night Clinic maintains a group health plan for its employees, and may disclose PHI of individuals covered under this plan to the sponsor of the group health plan, as permitted by law.
- **Health Oversight Activities.** Valley Day & Night Clinic may disclose your PHI to a health oversight agency or entity for activities authorized by law, such as audits, investigations, inspections, 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.
- **Health-Related Benefits and Services.** Valley Day & Night Clinic may use and disclose your PHI to inform you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** Valley Day & Night Clinic may disclose your PHI to a family member, other relative, or close personal friend who is involved in your medical care or to someone who helps pay for your care if the PHI disclosed is directly relevant to such person's involvement with your care, unless you tell us otherwise.
- **Law Enforcement.** Valley Day & Night Clinic may release 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 believe has 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 the crime, or the description, identity or location of the perpetrator.
- **Lawsuits and Disputes.** Valley Day & Night Clinic may disclose your PHI in response to a court or administrative order. In addition, Valley Day & Night Clinic may disclose your PHI in response to a valid subpoena, discovery request, or other lawful process provided that efforts have been made to tell you about the request or to obtain an order protecting the information requested, as required by law.
- **Legal Requirements.** Valley Day & Night Clinic may use and/or disclose your PHI when required to do so by federal, state, and/or local law.
- **Limited Data Set.** Valley Day & Night Clinic may disclose your PHI as part of limited data set after it removes certain specified direct identifiers of individuals and their relatives, household members, and employers. Valley Day & Night Clinic may use or disclose the limited data set for research, health care operations, and public health purposes. Valley Day & Night Clinic must enter into a data use agreement promising specified safeguards for the protected health information within the limited data set.
- **Military and Veterans.** If you are a member of the United States Armed Forces or foreign military service, Valley Day & Night Clinic may use and/or disclose your PHI as required by United States military command authorities or appropriate foreign military authority.
- **Public Health Risks.** As required by law, Valley Day & Night Clinic may disclose your PHI for public health activities, including, but not limited to, the prevention of disease, injury, or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence. Valley Day & Night Clinic may disclose portions of your PHI to local, state, and/or federal registry programs as required.
- **Research.** Valley Day & Night Clinic may disclose your PHI to researchers when the research has been approved in compliance with HIPAA regulations and protocols have been established to ensure the privacy of your PHI. We will obtain your written authorization to use your PHI for research purposes except when (a) our use or disclosure was approved by an institutional review board of a Privacy Board (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of (PHI) is being used only for the research and (iii) the researcher will not remove any of your PHI from our practice; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for their research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.
- **Schools (including Child-Care Facilities, Early Childhood Programs, Primary and Secondary Schools).** Valley Day & Night Clinic may disclose your immunization records to a school if the school is required by law to have proof of immunization prior to admitting the student and you or your authorized representative verbally agree to the disclosure.
- **Serious Threat to Health or Safety.** Valley Day & Night Clinic may use and disclose your PHI when Valley Day & Night Clinic deems it necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Valley Day & Night Clinic's Health Plan.** Valley Day & Night Clinic's Health Plan may use or disclose your PHI for underwriting purposes but cannot use or disclose PHI that is genetic information.
- **Workers' Compensation.** Valley Day & Night Clinic may disclose your PHI to workers' compensation or similar programs to the extent necessary to comply with laws relating to workers' compensation or similar programs.

Written Authorization

Except as described above, Valley Day & Night Clinic will not use or disclose your PHI unless you authorize Valley Day & Night Clinic to do so, using a valid, written authorization. Valley Day & Night Clinic will not use or disclose your PHI for marketing purposes, including subsidized treatment communications, without a written authorization. Valley Day & Night Clinic will not sell your protected health information without a written authorization. If you wish to revoke a prior authorization, you must do so in writing. A written revocation will not apply to any previous use of disclosure of PHI made in good faith under a prior authorization.

Changes to This Notice

Valley Day & Night Clinic reserves the right to change this Notice and to make a revised Notice effective for PHI Valley Day & Night Clinic already has about you as well as any information Valley Day & Night Clinic receives in the future. A copy of the current Notice or summary of the current Notice will be posted on our website at, www.vdnclinic.com. The effective date of the Notice will appear on the first page of the Notice or summary. In addition, each time you register at any Valley Day & Night Clinic's entity for treatment or health care services, Valley Day & Night Clinic will have available for you, at your request, a copy of the current Notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Valley Day & Night Clinic at (956) 982-1001. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. *You will not be penalized or retaliated against in any way for making a complaint.* Valley Day & Night Clinic may not require you to waive your right to file a complaint as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

Contact

If you have any questions about this Notice or your privacy rights, or wish to obtain a form to exercise your rights as described above, you may contact Valley Day & Night Clinic at (956) 982-1001.

Signature Page

I acknowledge that I have been provided with the opportunity to read and review the "Notice of Privacy Practices" as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Patient's Name: _____

Phone Number: _____

Parent/Guardian's Name: _____

Witness: _____

Patient's Signature: _____

E-mail: _____

Parent/Guardian's Signature: _____

Date: _____