



PATIENT INFORMATION

Full legal name _____ Date of Birth ____/____/____

Social Security # _____ Sex ____ Age _____ Today's Date _____

Mailing Address _____

City _____ State _____ Zip code _____ Occupation _____

Phone (H) _____ (C) _____ Marital Status _____

Ethnicity (optional) _____ Primary Language _____

Email _____

Preferred Pharmacy _____

If patient is a minor please complete the following:

Mother's Name _____ Date of Birth ____/____/____

Phone (H) _____ (C) _____

Occupation _____ Employer Name _____

Primary party to contact for billing (circle) Yes No

Address (If different from minor): _____

City _____ State _____ Zip code _____

Father's Name _____ Date of Birth ____/____/____

Phone (H) _____ (C) _____

Occupation _____ Employer Name _____

Primary party to contact for billing (circle) Yes No

Address (If different from minor): _____

City _____ State _____ Zip code _____

INSURANCE INFORMATION

Billing preference (circle one):			
*Insurance	* Medicaid (includes Denali KidCare)	*Medicare	*Self Pay
Please present photo ID and insurance information to front desk to be copied in addition to completing the following:			
Name of Primary Insurance company: _____			
Name of Policy Holder/Insured: _____			
Relation to you (if NOT yourself) _____ Insured Date of Birth _____			
Insured SSN _____ Insured Employer name and location _____			

Who may we thank for referring you to us today? _____

CONSENT FOR TREATMENT

I authorize the collective health care providers at Mat-Su Midwifery & Family Health to render mutually agreed upon services as necessary for my care and/or my family.

Signature _____ Date _____

FINANCIAL AGREEMENT

I understand that I am responsible for all fees regardless of insurance. I understand that fees will be generated for all services rendered if paying with insurance; I am responsible for furnishing the insurance information correctly to the office prior to treatment unless other arrangements have been made in advance. I hereby authorize Mat-Su Midwifery & Family Health to furnish information to insurance carriers concerning my illness/injury and treatment and hereby assign all payments for medical services rendered to myself and my dependents. I understand that Mat-Su Midwifery & Family Health uses Larsen Billing Service as their outsourced billing company and may be contacted by them for payment or additional billing related information.

Signature _____ Date _____

Mat-Su Midwifery and Family Health, Inc.

Notice of Privacy Policies

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

Introduction:

Mat-Su Midwifery and Family Health, Inc. is committed to treating and using protected health information about you responsibly. This notice describes what health information we collect, and how and when it is used or disclosed. It also describes your rights as they relate to your protected health information. This notice is effective April 1, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information:

With each visit to Mat-Su Midwifery and Family Health, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your health or medical record, serves as: a basis for planning your care and treatment, a means of communication among the healthcare professionals who contribute to your care, legal documentation describing the care you received, a means by which you or a third-party payer can verify that services billed were provided, a tool in training healthcare professionals, a source of data for medical research, a source of information for public health officials charged with improving the health of this state and the nation, a source of data for our planning and marketing, and a tool with which we can assess and continually work to improve the care we render and outcomes we achieve. Understanding what is in your record and how your health information is used helps you ensure its accuracy, and who, what, when, where, and why others may access your health information, which helps you make more informed decisions when authorizing disclosure to others.

Your Health Information Rights:

Although your health record is the physical property of Mat-Su Midwifery and Family Health, INC., the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and copy your health record as provided for in 45 CFR 164.524.
- Amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communications of your health information by alternative means or at alternate locations.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 1264.522.
- Revoke your authorization to use or disclose health information except to the extent action has already been taken.

Our Responsibilities:

Mat-Su Midwifery and Family Health, INC. is required to:

- Maintain the privacy of your health information.
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternate means or at alternate locations.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised policies in our front office and notify you by mail. We will not use or disclose your health information without your authorization except as described in this notice. We will discontinue use or disclosure of your health information after we have received a written revocation of authorization.

For More Information or To Report a Problem:

If you have questions or would like additional information, you may contact the practice's privacy officer at (907) 357-0820. If you believe your privacy rights have been violated, you may file a complaint with the practice's privacy officer, or with the Office for Civil Rights, U.S Department of Health and Social Services. There will be no retaliation for filing a complaint with either the privacy officer or the Office of Civil Rights. The address for the OCR is:

Office for Civil Rights
U.S. Dept. of Health and Social Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment, and Health Operations:

We will use your health information for treatment:

For example: Information obtained by a nurse, physician, or other member of your healthcare team may be entered in your record and used to determine the best course of treatment for you. The physician will also document his/her expectations of the other members of your healthcare team, who will then record their actions and observations. In this way, the physician will

know how you are responding to treatment. We will also provide other physicians or subsequent healthcare providers with copies of medical records and various reports that should assist him/her in treating you, once we have set up an appointment with them.

We will use your health information for payment:

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations:

For example: Members of the medical staff, as well as the risk or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so he/she can perform the job we've asked him/her to do and bill you or your third-party payer for services rendered. To protect your health information, we require our business associates to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or other individual responsible for your care of your care at our location and general condition.

Communication with Family: Healthcare professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to preserve the privacy of your health information.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organization or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about alternative treatment or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health and legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

I have read and understand, and agree to the terms of this policy.

Patient Name _____ Signature _____ Date _____
Parent/Guardian Signature _____ Date _____