

**Quad Cities Medical Group
And Weight Loss Clinic**

PATIENT REGISTRATION

Patient's First	MI	Last Name	Date of Birth
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Address	City	State	Zip
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Home Telephone	Work Telephone	Cellular Telephone
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Social Security No.	<u>S</u> <u>M</u> <u>D</u> <u>W</u> Marital Status/Circle	<u>M</u> <u>F</u> Gender
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Employment	Address
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Insurance Information: Subscriber (person who is cardholder of the insurance policy)

_____ Check here if patient is subscriber.

(If not, he/she is my relationship) Parent Spouse Significant Other Guardian

Name First	MI Last	Date of Birth	Social Security No.
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Street Address	City	State	Zip
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Insurance Carrier	Address
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Certification/Policy No.	Group No	Group Name
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Quad Cities Medical Group And Weight Loss Clinic

Health History Review

DATE _____ NAME _____ DOB _____

HOW DID YOU HEAR ABOUT US? (Please be specific)

Friend/Family _____ Physician's Office _____

Internet--Which website? _____ Other _____

REASON FOR VISIT:

PERSONAL MEDICAL HISTORY: _____

FAMILY HISTORY: _____

SURGICAL HISTORY (include date/year performed) _____

SOCIAL HISTORY: Do you use: Cigarettes/tobacco? _____ #packs per day _____

Alcohol? _____ Which? _____ #drinks per day/wk/mo _____ Street drugs? _____

Do you exercise regularly? _____ Describe your diet briefly: _____

HEALTH MAINTANCE: (Both Male/Female) Last Tetanus shot? _____ Last Pneumonia shot? _____

Last Mammogram? _____ Last Pap Smear? _____ Last Menstrual Cycle: _____

Last Bone Density? _____ Last Colonoscopy? _____ Last Prostate Exam?

ALLERGIES: (list medication allergies and reaction) _____

MEDICATIONS: List medications and doses (include over the counter, herb and vitamins):

Medication

Dose

Prescriber

Medication	Dose	Prescriber

HEALTH CARE PROVIDERS:

Primary: Current: _____ Past Primary : _____

Specialist: _____

Pharmacy: _____

HIPAA OVERVIEW PRIVACY NOTICE AND ACKNOWLEDGEMENT

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.

Acknowledgement of Privacy Notice Receipt

"Each time a patient sees a doctor, is admitted to a hospital, goes to a pharmacist or sends a claim to a health plan, a record is made of confidential health information. The use and disclosure of this information is protected by a patchwork of state laws, leaving gaps in the protection of patients' privacy and confidentiality. Congress recognized the need for national patient record privacy standards; in 1996 the Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted. The law included provisions designed to save money for health care businesses by encouraging electronic transactions, but it also required new safeguards to protect the security and confidentiality of that information."

The Privacy Rule standard requires covered entities to ensure all protected health information (PHI), (IIHI - individually identifiable health information) whether stored electronically or in any other form, is secure. PHI includes any information which describes an individual's health status or demographic information which identifies an individual.

The Privacy Rule, according to the Office of Civil Rights (OCR - responsible for oversight) "gives patients more control over their health information, sets boundaries on the use and release of health records, establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information and it strikes a balance when public responsibility requires disclosure of some forms of data - for example, to protect public health. Under the rule, patients will be able to make informed choices by enabling them to find out how their information may be used and what unauthorized disclosures of their information have been made. It generally limits release of information to the minimum reasonably needed for the purpose of the disclosure and it gives patients the right to examine and obtain a copy of their own health records and request corrections."

I understand that as part of this organization's treatment, payment or health care operation, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosure via fax.

Patient Signature _____ Date _____

FOR OFFICE USE ONLY

() Consent received by _____ on _____.

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.

ACKNOWLEDGEMENT OF PRIVACY NOTICE RECEIPT

We are committed to providing you with high quality care and to forming a relationship with you that is built on trust. We understand that information about you is private and we are committed to protecting this information. We protect your privacy and confidentiality rights by creating and putting into practice policies and procedures that allow access to your personal information only for legitimate reasons.

This notice describes how your health information may be used and disclosed by us, your rights with regard to your health information, and our duties to protect such information. It applies to all records of your care that we maintain. Whether this information is stored in writing, on a computer, or other means, we will keep this information in a safe and secure way that protects your privacy and confidentiality.

I. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

This section describes how we use and disclosure your health information. This section is divided into three components: (1) health information excluding psychotherapy notes and human immunodeficiency virus test ("HIV") results; (2) psychotherapy notes; and (3) HIV test results.

The first discusses how your health information (excluding psychotherapy notes and HIV test results) will be used and disclosed. Below, we have listed the types of uses and disclosures that we may make. Any use or disclosure that is not listed below will only be made with your written authorization.

The second discusses how we may use and disclose your psychotherapy notes (if we have such information). Frequently, we will be required to obtain your authorization prior to using or disclosing your psychotherapy notes. Below, we discuss the few circumstances under which we can disclose your information without your authorization.

The third discusses how we may disclose your HIV test results (if we have such information). Like psychotherapy notes, HIV test results are afforded extra protection. There are only a limited number of instances in which the results may be disclosed without your permission. All other disclosures not listed in this section on HIV test results will require your permission.

A. Uses and Disclosures of Your Information (Excluding Psychotherapy Notes

and HIV Test Results)

1. Without Your Authorization

Your health information may be used and disclosed by us for the following purposes without your legal permission. However, prior to making such use or disclosure, we may have to meet certain requirements.

Treatment, Payment, and Business Purposes. We use and disclose your health information to enable us to provide treatment to you, obtain payment for your care, and manage and administer our practice. For instance, we may use and disclose your health information to your insurer, HMO, or other third party payer to obtain payment for the services that we provide you. As another example, in consulting with a specialist regarding your health care treatment, we use and disclose your information. As a further illustration, we may use and disclose your health information to review the adequacy and quality of the care that you receive. As another example of managing our practice, we may use and disclose your information to create de-identified information to enable us to study our treatment patterns and the care that we provide.

Individuals Involved in Your Care or Payment or Notification. We may disclose your information to your family members or friends who are involved in your care or who assist you in paying for your care. If we need to notify family and/or friends of your medical condition and/or location, we may also disclose your information. This notification may be via a disaster relief effort, such as the American Red Cross.

Appointment Reminders. Your health information may also be used and disclosed by us when we contact you to remind you of an upcoming appointment.

To You. We will provide you with your health information upon your request for copying and inspection and accounting purposes as discussed further in this notice under "Individual Rights."

Secretary. We may provide your health information to the Secretary of the Department of Health and Human Services in order for the Secretary to investigate issues and determine our compliance with federal privacy requirements.

Required by Law. We will disclose your information when we are required to do so by federal, state, or local law.

Public Health Activities. We may disclose your information for public health activities. For example, we may disclose your health information to a public health agency to assist in an investigation of food poisoning. As another

example, we may disclose your health information to enable a public health agency to study diseases (e.g., cancer registries) or deaths of public health importance.

Health Oversight Activities. We may disclose your information for health oversight activities. For example, a health oversight activity may include the disclosure of information in the course of an investigation of a provider's conduct to a state licensing board official.

Cadaveric Organ, Eye or Tissue Donation. We may disclose your information if you are an organ, eye or tissue donor so that we can assist entities with donations and transplants.

To Avert a Serious Threat to Health or Safety. We may use and disclose your information if it is necessary to avert a serious threat to the health or safety of yourself or others or to assist law enforcement authorities in identifying or apprehending an individual.

Coroners, Medical Examiners, and Funeral Directors. We may disclose your information to coroners, medical examiners, and funeral directors to assist them in identifying a deceased person, determining the cause of death, or other duties required for them by law.

Research. We may disclose your information for medical or health-related research. However, this type of disclosure, similar to some others in this category, will require that the recipient (*i.e.*, researcher) ensures that your information will be protected.

Abuse, Neglect, or Domestic Violence. We may report your health information to government authorities if we have a reasonable belief that a situation involves abuse, neglect or domestic violence.

Judicial and Administrative Proceedings. We may release your health information for judicial and administrative proceedings. Such proceedings would include responses to court orders or subpoenas. Like most other disclosures in this category, certain requirements would need to be met prior to our disclosure to ensure that your privacy is protected.

Workers' Compensation. We may release your health information for the purpose of processing and adjudicating workers' compensation claims.

For Specialized Government Functions. We may disclose your information if you are a member of the military as required by military authorities. This would also include releases for foreign military personnel. Additionally, we may disclose your information to federal officials for national security reasons as authorized by law.

Law Enforcement Purposes. We may disclose your information for law enforcement purposes if requested by a law enforcement official. For example, we may disclose your information if it would assist the law enforcement agent in locating a material witness to a crime.

Planning of Health Care Services. We may disclose your health information to assist local health partnerships established by law to plan and ensure health care services. For example, we may provide your information to assist the partnerships in identifying common diseases in a certain community and providing treatment to improve the health of the community.

Quality and Cost of Services. We may provide your information to a nonprofit organization established by law for the purpose of ensuring quality services at reasonable prices. Such a disclosure may be to assist that nonprofit organization in determining the relative quality of services provided by one physician as compared to his peers.

2. All Other Uses And Disclosures Require Authorization

As stated previously, any use or disclosure that is not listed above will only be made with your written authorization. Once you execute an authorization, you have the right to revoke that authorization in writing to prevent future use and disclosure of your health information. However, you may not revoke the authorization for the purpose of the use or disclosure to the extent that the recipient of your health information has already taken action and relied upon it.

B. Uses and Disclosures of Psychotherapy Notes

We may use and disclose your psychotherapy notes as stated below. However, all other uses and disclosures of your psychotherapy notes will require us to obtain an authorization from you.

Limited Treatment, Payment, and Business Purposes. We may use or disclose your psychotherapy notes if (1) we created the psychotherapy notes and we are using or disclosing them for your treatment purposes; (2) such use or disclosure is for the purpose of providing training to students, trainees, or practitioners under our supervision; or (3) such use or disclosure is for the purpose of defending ourselves or our practice against a legal action or other proceeding brought by you.

Secretary. We may provide your psychotherapy notes to the Secretary of the Department of Health and Human Services in order for the Secretary to investigate us and determine our compliance with federal privacy requirements.

Required by Law. We will disclose your information when we are required to do so by federal, state, or local law.

To You. Depending upon your specific circumstances, we may provide your psychotherapy notes to you for inspection and copying purposes upon your request.

Health Oversight Activities. We may disclose your psychotherapy notes for health oversight activities if we are the creators of the notes and they are needed to investigate our conduct.

To Avert a Serious Threat to Health or Safety. We may use and disclose your psychotherapy notes if it is necessary to avert a serious threat to the health or safety of yourself or others.

Coroners and Medical Examiners. We may disclose your psychotherapy notes to coroners or medical examiners to assist them in identifying a deceased person, determining cause of death, or other duties required for them by law.

C. Use and Disclosure of HIV Test Results

As stated previously, HIV test results may only be disclosed for a limited number of reasons without your legal permission. We will only disclose your results for the reasons listed below without your legal permission. All other disclosures will require your legal permission.

Departments of Health. We are legally required to report all HIV test results to the VA Department of Health. Additionally, we may report this information to other departments of health for the purpose of disease surveillance and investigation.

Consultation, Care or Treatment. We may provide your test results to other health care providers to assist them in providing care and treatment to you. For example, we may provide your HIV test results to a physician who is treating you for a condition related to HIV. Additionally, if you were HIV positive when you delivered your baby, we may also provide your test results to other health care providers caring for your baby.

Research. We may provide your test results to researchers for use as statistical data only. However, such researchers would be required to meet other conditions to ensure that your HIV test results remain confidential.

Administrative or Judicial Proceedings. We may disclose the results of your HIV test if required by a court order.

Required by Law. We may disclose your HIV test results to any person who is authorized by law to receive such information. For example, if during a procedure, a physician is exposed to your blood, we may disclose the fact that you are HIV positive to him.

Tissues and Organ Donation. We may disclose your status to any facility that

procures, processes, distributes or uses blood, other body fluids, tissues or organs.

II. YOUR RIGHTS

Restriction on Release. You may request that we not use or disclose your health information (1) for your treatment, payment, or the administration/management of our practice, (2) in notifying family members and friends of your condition or location, and (3) to family and friends involved in your care. We will consider your request but are not legally required to accept it. If we do accept your request, we will not use or disclose your health information except as agreed, unless it is required in emergency situations.

Confidential Communications. You may request in writing that we communicate with you at a different location (e.g., at work rather than home) or in an alternative manner (e.g., using a sealed envelope rather than a post card). We will try to accommodate your request provided that you specify the alternative contact or method and pay any additional costs related to such requests.

Access and Amendment. In most cases, you have the right to inspect or receive a copy of your health information that we use to make decisions about you. Additionally, if you believe that your information in your record is incorrect or if important information is missing, you have the right to request that this information be corrected or amended.

Accounting. You may request a limited list of instances where we have disclosed your health information. The list of disclosures includes only those disclosures occurring after April 14, 2003. Further, the list will not include disclosures: (1) for treatment, payment or related administrative/management purposes; (2) to you; (3) to friends/family involved in your care or payment for your care, or for notifying your family/friends in situations where you indicate that you agree to the disclosure; (4) under certain circumstances for national security or intelligence purposes; and (5) to correctional institutions or law enforcement officials having lawful custody of an inmate or information about an inmate or individual, under certain conditions. Additionally, disclosures to health oversight agencies or law enforcement officials may be temporarily suspended if such disclosures delay the activities of the agency or official.

Notice. You may obtain a paper copy of this notice from us upon request, regardless of whether you have received this notice electronically.

III. OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your

health information. We must abide by the terms of the notice currently in effect.

However, we reserve the right to change the terms of this notice and to make the new notice provisions effective for all health information that we maintain. We will provide you with a revised notice upon request. We may change our privacy policies at any time. However, before we make a significant change in our privacy policies, we will change our notice and post the new notice. The Privacy Notice will be posted in the waiting area.. You can also request a copy of our notice at any time by contacting us as discussed below.

IV. COMPLAINTS

If you feel that your privacy rights have been violated, you may inform to us by contacting our office at 309 517 1180. Additionally, you may send a written complaint to the Secretary of the Department of Health and Human Services. QC Medical Group And Weight Loss Clinic will not punish or retaliate against you for filing any complaint.