

ADULT REGISTRATION SLIP

NAME OF PATIENT: _____ MALE: _____ FEMALE: _____

AGE: _____ BIRTH DATE: _____ MARRIED _____ SINGLE _____ WIDOWED _____

HOME PHONE: _____ SOCIAL SECURITY # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

INSURANCE CO: _____

SUBSCRIBERS NAME: _____ DATE OF BIRTH: _____

SUBSCRIBER NUMBER: _____ GROUP NUMBER: _____

SECONDARY INSURANCE CO: _____

SUBSCRIBERS NAME: _____ DATE OF BIRTH: _____

SUBSCRIBER NUMBER: _____ GROUP NUMBER: _____

EMPLOYED BY: _____ OCCUPATION: _____

PHONE: _____

NAME OF SPOUSE: _____ EMPLOYED BY: _____

OCCUPATION: _____ PHONE: _____

MESSAGE/EMERGENCY CONTACT: _____ PHONE: _____

PRIMARY PHYSICIAN: _____ REFERRED BY: _____

IF NOT REFERRED BY A DOCTOR, HOW DID YOU HEAR ABOUT OUR OFFICE? _____

HAVE WE SEEN SOMEONE IN YOUR IMMEDIATE FAMILY BEFORE? PLEASE LIST:

Ear, Nose & Throat of Coeur d'Alene, PA feels that a patient presenting to our office with sinus, allergy, throat, voice complaints, hearing complaints or dizziness require a thorough examination of that specific area. In some cases, this can only be accomplished through the use of an endoscope or hearing testing. The endoscope procedure has almost no risk and provides your physician with an excellent view of the areas involved. This examination is essentially painless and, in many cases, can be accomplished quickly. A procedure fee will be submitted to your insurance carrier for this procedure. If we are contracting physicians with your insurance company we will accept your insurance's allowance for this procedure. You will be obligated to pay only any deductible and/or co-payments that are applied to this claim. (Please note, some insurance companies may list the diagnostic procedure of endoscope as "surgery" on the insurance remittance advice you receive.) If we are not contracting with your insurance company the procedure fee will be the patient's responsibility.

I authorize this office to release to my insurance company any information necessary to expedite insurance payment. I understand that I am responsible for all charges regardless of insurance coverage. I authorize payment directly to my physician. A service charge will be added to all accounts 60 days past due.

Date

Signature

(8/07)

LIST ALL ALLERGIES**ALLERGIC REACTION**

PHARMACY NAME _____

MEDICATIONS

Drug Name	Dosage	Frequency

PAST MEDICAL HISTORY

Medical Problems	Date	Hospital	Treatment	Physician

PAST SURGICAL HISTORY

List all surgeries	Date	Hospital	Treatment	Physician

FAMILY HISTORY

List blood relatives	State of health	Illnesses	Cause of death
Mother			
Father			
Sister			
Brother			

NAME: _____ **DATE:** _____

SOCIAL HISTORY: Please fill in all appropriate blanks and circle all appropriate answers.

SMOKING: Current ___ or Previous ___ None ___
No. of packs/day ___ No. of years ___ Quit yr ___

CHEWING TOBACCO: Current ___ or Previous ___ None ___
Amt. ___ No. of years ___ Quit yr ___

CIGARS: Current ___ or Previous ___ None ___
Amt. ___ No. of years ___ Quit yr ___

ALCOHOL: Beer ___/wk Liquor ___/wk Wine ___/wk NONE ___

CAFFEINE: Coffee ___/day Cola ___/day Tea ___/day NONE ___

ASPIRIN: 81mg/day ___ 325mg/day ___ NONE ___

ALTERNATIVE THERAPIES: Ginkgo, Garlic, St. John's Wort, Kava, Echinacea,
Other _____ NONE ___

RECREATIONAL DRUG USE: Marijuana, Cocaine, Methamphetamine, Narcotics,
NONE ___

MARITAL STATUS: Married, Single, Divorced, Widow, Widower

OCCUPATION: _____

REVIEW OF SYSTEMS: Please circle those you have had RECENTLY

GENERAL: weakness, fatigue, fever, chills, night sweats, weight loss, weight gain

SKIN: rashes, itching, sores, skin cancer

HEAD: headaches, head injury, head/facial lesions

EYES: blurred vision, eye irritation, dry eyes, tearing, eye pain, double vision

EARS: hearing loss, ringing, earache, ear drainage, ear blockage, itchy ears, ear sore, dizziness, ear infections

NOSE: nasal congestion, nasal drainage, post nasal drip, nasal obstruction, nasal sores, nose bleeds, snoring, loss of smell, sinus congestion

MOUTH: oral sores, oral growth, dental problems, mouth/jaw pain, taste disturbance, bad breath

THROAT: sore throat, hoarseness, swallowing difficulty, tonsil problems, mouth breather

NECK: neck masses, neck pain, neck lumps, neck stiffness

LUNGS: cough, phlegm, shortness of breath, wheezing

HEART: chest pain, heart murmur, arrhythmia, blood clots, varicose veins, fibrillation

GASTROINTESTINAL: nausea, vomiting, heartburn

INFECTIOUS DISEASES: hepatitis A B C D, HIV, tuberculosis, MRSA

NEUROLOGICAL: seizures, numbness, speech slurring, paralysis, loss of facial expression

PSYCHIATRIC: depression, anorexia, bulimia, drug abuse, bipolar

ENDOCRINE: thyroid problems, blood sugar problems

NAME _____ DATE _____

Privacy Policy
Ear, Nose and Throat of Coeur d'Alene, PA

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 questions about this Notice please contact our office manager or privacy official.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “**Protected Health Information**” is information about you, including demographic information, that may identify you and that, related to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new noticed will be effective for all protected health information that we maintain at this time. Upon your request, we will provide you with any revised Notice or Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization You will be asked to sign an authorization form for use and disclosure of your protected health information.

Treatment: Ear, Nose and Throat of Coeur d'Alene, PA will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, we would disclose your protected health information, as necessary to a home health agency that provides care to you; to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information; provide to another physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you; to another physician or other health care provider who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Healthcare Operations: Ear, Nose and Throat of Coeur d'Alene, PA may use or disclose, as needed, your protected health information in order to support the business activities or your physician's practice. For example, we may disclose your protected health information to medical school students that see patients in our office. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We will share your protected health information with third party “business associates” that perform various activities (e.g. billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involved the use of protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. We may use or disclose your protected health information as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization. Ear, Nose and Throat of Coeur d'Alene, PA may use or disclose your protected health information in the following instances: Your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others involved in your healthcare: Unless you object, Ear, Nose and Throat of Coeur d'Alene, PA may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care or your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: Ear, Nose and Throat of Coeur d'Alene, PA may use or disclose your protected health information in an emergency treatment situation. If this happens, you physician shall try to obtain your consent as soon as reasonably practicable after the delivery

of treatment. If your physician or another physician in the practice is required by law to treat you and the physician was attempting to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication barriers: Ear, Nose and Throat of Coeur d'Alene PA may use and disclose your protected health information if your physician or other physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclose under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to object:

Required by law: Ear, Nose and Throat of Coeur d'Alene, PA may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: Ear, Nose and Throat of Coeur d'Alene, PA may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agent that is collaborating with the public health authority.

Communicable Diseases: Ear, Nose and Throat of Coeur d'Alene, PA may disclose your protected health information, if authorized by law to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: Ear, Nose and Throat of Coeur d'Alene may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: Ear, Nose and Throat of Coeur d'Alene, PA may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: Ear, Nose and Throat of Coeur d'Alene, PA may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: Ear, Nose and Throat of Coeur d'Alene, PA may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: Ear, Nose and Throat of Coeur d'Alene, PA may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors and Organ Donation: Ear, Nose and Throat of Coeur d'Alene, PA may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. Ear, Nose and Throat of Coeur d'Alene, PA may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Ear, Nose and Throat of Coeur d'Alene, PA may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: Ear, Nose and Throat of Coeur d'Alene, PA may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Worker's Compensation: Your protected health information may be disclosed by us as authorized to comply with worker's compensation laws and other similar legally-established programs.

Inmates: Ear, Nose and Throat of Coeur d'Alene, PA may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you.

Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If you physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by submitting in writing a request to the physician. This request will take effect from the date it is received by Ear, Nose and Throat of Coeur d'Alene, PA's premises.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. Ear, Nose and Throat of Coeur d'Alene, PA will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, of your protected health information. The right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact/Office Manager at (208) 765-1345 for further information about the complaint process.

This notice was published and becomes effective on April 14, 2003.

Privacy Practices Acknowledgement

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name _____ Birthdate _____

Signature _____ Date _____

RECORD RELEASE FORM

Authorization for use or disclosure of information for purposes requested by patient

I, _____ hereby authorize Ear Nose and Throat of Coeur d'Alene, PA to:

____ Disclose the following protected health information to: _____

____ Obtain the following protected health information from: _____

Specifically describe the information to be obtained or disclosed, including, but not limited to, meaning descriptors such as date of service, type of service provided, level of detail to be released, origin of information, etc.

This protected health information is being obtained or disclosed for the following purposes:

- ____ Provide additional medical information essential to treatment
- ____ Provide additional medical information for continuity in care
- ____ Other _____

This authorization shall be in force and effect until written notification from the patient requesting termination of disclosure is received. At that time this authorization to obtain or disclose this protected health information expires.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to Ear Nose and Throat of Coeur d'Alene, PA at 700 Ironwood Drive, Suite 236, Coeur d'Alene, ID 83814. I understand that a revocation is not effective to the extent that Ear Nose and Throat of Coeur d'Alene, PA has relied on the use or disclosure of the protected health information.

I understand that information obtained or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

Signature of patient or personal representative Date of birth Date

Name of patient (printed) Description of personal representative authority