

WELCOME

Welcome to our office. We will strive to provide you with the best possible care. To help us meet your healthcare needs, please fill out this form completely in ink. If you need assistance, please let us know.

Name _____ Sex _____ Birth Date _____
Last First Initial

Address _____
Street or PO Box City State Zip

Home Phone _____ SS # _____ Married ___ Single ___

Referred By _____ Primary Care Physician _____

Employer _____ Work Phone _____ Cell/Other _____

Emergency Contact _____ Contact Phone _____ E-mail _____

Who can we give information to? _____

BILLING INFORMATION

Guarantor _____
Person responsible for bill

Primary Insurance Plan Name _____

Subscriber Name _____ Relationship to Patient Self Spouse Child

Subscriber SS# _____ Subscriber Date of Birth _____ Sex M F
Subscribers Employer _____ Phone # _____

Secondary Insurance Plan Name _____ Subscriber _____

Subscriber SS# _____ Subscriber Date of Birth _____ Sex M F
Subscriber's Employer _____ Phone # _____

PHARMACY INFORMATION

Pharmacy Name _____ Phone # _____

I understand and agree that I will be responsible for payment of any and all services rendered by Campbell Station Cardiology and authorize the release of any diagnosis or records of treatment to my insurance(s) to support any medical claims made. I also authorize my insurance(s) Medicare/Medigap, to make payment directly to Campbell Station Cardiology for services rendered. I certify that the information above is true and correct. Should my account be forwarded to an outside collection agency, I agree to pay all collection and attorney fees incurred.

Signature _____ Date _____
Patient or Representative



JOHN A. MALOOF, III, M.D., F.A.C.C.
BOARD CERTIFIED:
CARDIOLOGY & INTERNAL MEDICINE

4847 Columbia Pike ♦ Spring Hill, Tennessee 37174
(615) 599-9908 ♦

RELEASE OF MEDICAL INFORMATION

I authorize that my medical information may be released to insurance companies and / or other physicians or medical facilities. This includes medical history, mental or physical condition, diagnosis, prognosis, treatment and reviewing of medical chart.

ASSIGNMENT OF BENEFITS

I authorize to the Practice my rights to receive payment from third-party payers for care provided by the Practice. Third-party payers, including insurance carriers or social security administrators who provide coverage to me. I understand that in the billing insurance company, a diagnosis may be used that is considered confidential information.

Notice of Privacy Practice

The practice's "Notice of Privacy Practices" describes ways in which we may use and disclose medical information. The notice also describes my rights and legal obligations with regards to my medical information. My signature below acknowledges that I have been given a copy of the "Notice of Privacy Practices".

X _____

RX HISTORY / CONSENT

I authorize Dr. John A. Maloof to run my prescription history.

X _____ - Date _____

CAMPBELL STATION CARDIOLOGY

JOHN A. MALOOF, III, M.D.
BOARD CERTIFIED:
CARDIOLOGY & INTERNAL MEDICINE

4847 Main Street ♦ Spring Hill, Tennessee 37174
(615) 599-9908

Habits:	Yes	No	
Do you exercise?			If yes, how often?
Do you smoke?			If yes, how much?
Did you ever Smoke?			If yes, when did you quit?
Do you drink alcohol (beer, wine, liquor)?			If yes, how much?

Hospitalizations / major illnesses	Date / Where	Surgeries	Date / Where

Family History:	If Living: Age / Medical Problem	If Deceased: Age / Cause of Death
Mother		
Father		
Siblings		
Children		

Please list all of your medications, including over the counter medications

Name of Medication	Dosage	Number of Times Per Day	Reason for Medication

Please list all allergies including medications, food, and environmental

Medication, Food, Other	Reaction

NOTICE OF PRIVACY PRACTICES

09/23/2014

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.

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, the Facility has created this Notice of Privacy Practices (Notice). This Notice describes the Facility's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that the Facility protect the privacy of your PHI that the Facility has received or created.

This Facility will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below (Including Marketing and Selling of PHI), the Facility will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. **The Facility reserves the right to change the Facility's privacy practices and this Notice.**

HOW THE FACILITY MAY USE AND DISCLOSE YOUR PHI

The following is an accounting of the ways that the Facility is permitted, by law, to use and disclose your PHI.

Uses and disclosures of PHI for Treatment: We will use the PHI that we receive from you to fill your prescription and coordinate or manage your health care.

Uses and disclosures of PHI for Payment: The Facility will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

Uses and disclosures of PHI for Health Care Operations: The Facility may use the minimum necessary amount of your PHI to conduct quality assessments, improvement activities, and evaluate the Facility workforce.

The following is an accounting of additional ways in which the Facility is permitted or required to use or disclose PHI about you without your written authorization.

Uses and disclosures as required by law: The Facility is required to use or disclose PHI about you as required and as limited by law.

Uses and disclosure for Public Health Activities: The Facility may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements and other products as required by law.

Uses and disclosure about victims of abuse, neglect or domestic violence: The Facility may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

Uses and disclosures for health oversight activities: The Facility may use or disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

Disclosures to Individuals Involved in your Care: The Facility may disclose PHI about you to individuals involved in your care.

Disclosures for judicial and administrative proceedings: The Facility may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to the Facility.

Disclosures for law enforcement purposes: The Facility may disclose PHI about you to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.

Uses and disclosures about the deceased: The Facility may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

Uses and disclosures for cadaveric organ, eye or tissue donation purposes: The Facility may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

Uses and disclosures for research purposes: The Facility may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, the Facility will request a signed authorization by the individual for all other research purposes.

Uses and disclosures to avert a serious threat to health or safety: The Facility may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

Uses and disclosures for specialized government functions: The Facility may use or disclose PHI about you for specialized government functions including: military and veteran's activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.

Disclosure for workers' compensation: The Facility may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

Disclosures for disaster relief purposes: The Facility may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts and for family and personal representative notification.

Disclosures to business associates: The Facility may disclose PHI about you to the Facility's business associates for services that they may provide to or for the Facility to assist the Facility to provide quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.

OTHER USES AND DISCLOSURES

The Facility may contact you for the following purposes:

Information about treatment alternatives: The Facility may contact you to notify you of alternative treatments and/or products.

Health related benefits or services: The Facility may use your PHI to notify you of benefits and services the Facility provides.

Fundraising: If the Facility participates in a fundraising activity, the Facility may use demographic PHI to send you a fundraising packet, or the Facility may disclose demographic PHI about you to its business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization. You will be provided with an opportunity to opt-out of all future fundraising activities.

FOR ALL OTHER USES AND DISCLOSURES

The Facility will obtain a written authorization from you for all other uses and disclosures of PHI, and the Facility will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact CSC to obtain a *Request for Restriction of Uses and Disclosures*.

YOUR HEALTH INFORMATION RIGHTS

The following are a list of your rights in respect to your PHI. Please contact the CSC for more information about the below.

Request restrictions on certain uses and disclosures of your PHI: You have the right to request additional restrictions of the Facility's uses and disclosures of your PHI. The Facility is not required to accommodate a request, except that the Facility is required to agree to a request to restrict disclosures to health insurance plans related to products and services you pay out-of-pocket for.

The right to have your PHI communicated to you by alternate means or locations: You have the right to request that the Facility communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require the Facility to have an accurate address and home phone number in case of emergencies. The Facility will consider all reasonable requests.

The right to inspect and/or obtain a copy your PHI: You have the right to request access and/or obtain a copy of your PHI that is contained in the Facility for the duration the Facility maintains PHI about you. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.

The right to amend your PHI: You have the right to request an amendment of the PHI the Facility maintains about you, if you feel that the PHI the Facility has maintained about you is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services ("HHS"), or their appropriate designee, to review such a denial.

The right to receive an accounting of disclosures of your PHI: You have the right to receive an accounting of certain disclosures of your PHI made by the Facility.

The right to receive additional copies of the Facility's Notice of Privacy Practices: You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically.

Notification of Breaches: You will be notified of any breaches that have compromised the privacy of your PHI.

REVISIONS TO THE NOTICE OF PRIVACY PRACTICES

The Facility reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The Facility will also post the revised version of the Notice in the Facility.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Facility and/or to the Secretary of HHS, or his designee. If you wish to file a complaint with the Facility, please contact CSC if you wish to file a complaint with the Secretary, please write to:

<http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>

The Facility will not take any adverse action against you as a result of your filing of a complaint.

CONTACT INFORMATION

If you have any questions on the Facility's privacy practices or for clarification on anything contained within the Notice, please contact:

Campbell Station, Cardiology
4847 Main Street
Spring Hill, TN 37174

615-599-9908