

INFECTIOUS DISEASE CONSULTANTS

1601 E. 19<sup>TH</sup> AVENUE

SUITE 3700

DENVER, COLORADO 80218

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**CONFIDENTIAL PATIENT INFORMATION**

**Patient Information**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex M \_\_\_\_\_ F \_\_\_\_\_ Patient SS# \_\_\_\_\_

Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ *Email* \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employers Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

Referred to this office by \_\_\_\_\_ Phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone/Fax \_\_\_\_\_

**Responsible and/or insured party**

Responsible Party \_\_\_\_\_ Date of Birth \_\_\_\_\_

Responsible Party SS# \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address (if different from patient) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Insurance Information**

Primary Insurance Name \_\_\_\_\_ Copay \_\_\_\_\_

ID/Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Employee Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Employer/Group Name \_\_\_\_\_

**Secondary Insurance Information**

Secondary Insurance Name \_\_\_\_\_ Copay \_\_\_\_\_

ID/Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Employee Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Employer/Group Name \_\_\_\_\_

PLEASE CONTINUE ON THE BACK

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please read before signing

**Authorization for Release of Information**

I understand that I am responsible for all charges at the time of service, regardless of insurance coverage with exception of Workmen's Compensation. I request that payment of authorized benefits be made payable to Infectious Disease Consultants, P.C., on my behalf for any services furnished me by this clinic. I authorize any medical information about me to be released to the Health Care Financing Administration, to determine these benefits or the benefits payable for related services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

\* You May Refuse to Sign This Acknowledgement \*

I have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Infectious Disease Consultants, P.C.**

### **NOTICE OF HEALTH INFORMATION 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.**

Infectious Disease Consultants, P.C. is required to maintain the privacy of your health information and to provide you with a notice of its legal duties and privacy practices. We will not use or disclose your health information except as described in this Notice. This Notice applies to all of the medical records generated by Infectious Disease Consultants, P.C., as well as records we receive from other providers.

#### **USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION IN TREATMENT, PAYMENT & HEALTH CARE OPERATIONS**

**Treatment:** Infectious Disease Consultants, P.C. may use and disclose your protected health information in the course of providing or managing your health care as well as any related services. For the purpose of treatment, we may coordinate your health care with a third party. For example, we may disclose your protected health information to a pharmacy to fulfill a prescription for medication, to a radiology facility to order an X-ray, or to another physician who is assisting in your health care. In addition, we may disclose protected health information to other health care providers related to the treatment provided by those other providers.

**Payment:** When needed Infectious Disease Consultants, P.C. will use or disclose your protected health information to obtain payment for its services. Such uses or disclosures may include disclosures to your health insurer to get approval for a recommended procedure or to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. When obtaining payment for your health care, we may also disclose your protected health information to your insurance company to demonstrate the medical necessity of the care or for utilization review when required to do so by your insurance company. Finally, we may also disclose your protected health information to another provider where that provider is involved in your care and requires the information to obtain payment.

**Operations:** Infectious Disease Consultants, P.C. may use or disclose your protected health information when needed for the practice's health care operations for the purposes of management or administration of the practice and for offering quality health care services. Health care operations may include: (1) quality evaluations and improvement activities; (2) employee review activities and training programs; (3) accreditation, certification, licensing, or credentialing activities; (4) reviews and audits such as compliance reviews, medical reviews, legal services, and maintaining compliance programs; and (5) business management and general administrative activities. For instance, we may use, as needed, protected health information of patients to review their treatment course when making quality assessments regarding ophthalmologic care or treatment. In addition, we may disclose your protected health information to another provider or health plan for their health care operations.

**Other Uses and Disclosures:** As part of treatment, payment, and health care operations, Infectious Disease Consultants, P.C. may also use or disclose your protected health information to: (1) remind you of an appointment; (2) inform you of potential treatment alternatives or options; or (3) inform you of health-related benefits or services that may be of interest to you.

#### **USES & DISCLOSURES TO WHICH YOU MAY OBJECT**

**Family/Friends:** Infectious Disease Consultants, P.C. may disclose your protected health information to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you have any objection to the use and disclosure of your protected health information in this manner, please tell us.

#### **USES & DISCLOSURES THAT ARE REQUIRED OR PERMITTED WITHOUT YOUR AUTHORIZATION**

**Research:** Under certain circumstances, Infectious Disease Consultants, P.C. may use and disclose your protected health information to approved clinical research studies. While most clinical research studies require specific patient consent, there are some instances where a retrospective record review with no patient contact may be conducted by such researchers. For example, the research project may involve comparing the health and recovery of patients who received one medication for their medical condition to those who received a different medication for that same condition.

**Regulatory Agencies:** Infectious Disease Consultants, P.C. may disclose your protected health information to government and certain private health oversight agencies, e.g., the Department of Public Health and Environment or the Board of Medical Examiners, for activities authorized by law, including, but not limited to, licensure, certification, audits,

investigations and inspections. These activities are necessary to monitor compliance with the requirements of government programs.

**Law Enforcement/Litigation:** Infectious Disease Consultants, P.C. may disclose your protected health information for law enforcement purposes as required by law or in response to a court order or other process in litigation.

**Public Health:** As required by law, Infectious Disease Consultants, P.C. may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we are required to report the existence of a communicable disease, such as acquired immune deficiency syndrome ("AIDS"), to the Department of Public Health and Environment to protect the health and well-being of the general public.

**Workers' Compensation:** Infectious Disease Consultants, P.C. may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Military/Veterans:** Infectious Disease Consultants, P.C. may disclose your protected health information as required by military command authorities, if you are a member of the armed forces.

**Organ Procurement Organizations:** To the extent allowed by law, Infectious Disease Consultants, P.C. may disclose your protected health information to organ procurement organizations and other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

**As Otherwise Required or Permitted By Law:** Infectious Disease Consultants, P.C. will disclose your protected health information in any situation in which such disclosure is required by law (e.g., child abuse, domestic abuse) or any other use permitted under HIPAA, its amendments or regulations.

#### **USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION:**

Other than the circumstances described above, Infectious Disease Consultants, P.C. will not disclose your protected health information unless you provide written authorization. An authorization is specifically required in most situations involving uses or disclosures of protected health information for marketing purpose, for the sale of protected health information, or for psychotherapy purposes. You may revoke your authorization in writing at any time except to the extent that we have already taken action in reliance upon the authorization.

#### **YOUR RIGHTS RELATED TO YOUR HEALTH INFORMATION:**

Although all records concerning your treatment obtained at Infectious Disease Consultants, P.C. are the property of Infectious Disease Consultants, P.C. you have the following rights concerning your protected health information:

- **Right to Confidential Communications:** You have the right to receive confidential communications of your protected health information by alternative means or at alternative locations. For example, you may request that we contact you at work or by mail.
- **Right to Inspect and Copy:** You generally have the right to inspect and copy your protected health information, except as restricted by your physician or by law. Further, if we maintain your health records on an electronic health records system, you have the right to request an electronic copy of your health records.
- **Right to Amend:** You have the right to request an amendment or correction to your protected health information. If we agree that an amendment or correction is appropriate, we will ensure that the amendment or correction is attached to your medical record.
- **Right to an Accounting:** You have the right to obtain a statement of the disclosures that have been made of your protected health information other than by your authorization, other than to you and other than for the purpose of treatment, payment or routine operational purposes.
- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your protected health information. If we agree, we will abide by the restrictions. Additionally, if you (or anyone on your behalf besides a health plan) pay for the care or services at issue in full out of your own pocket, we are required to comply with your request not to disclose your protected health information to a health plan, unless required by law to do so.
- **Right to Receive a Copy of this Notice:** You have the right to receive a paper copy of this Notice, upon request, if this Notice has been provided to you electronically.

- **Right to Revoke Authorization:** You have the right to revoke your authorization to use or disclose your protected health information, except to the extent that action has already been taken in reliance on your authorization.
- **Right to Notice of Breach of Security:** You have the right to be notified in the event of a breach of unsecured protected health information occurs.
- **Right to Opt Out:** You may be contacted for certain fund-raising purposes and you have the right to opt out of receiving such communications.

**FOR MORE INFORMATION REGARDING HOW TO EXERCISE THESE RIGHTS:** If you have questions or would like more information regarding any of the rights listed above, please contact the Compliance Officer at 303-831-4774.

**IF YOU BELIEVE THAT YOUR RIGHTS HAVE BEEN VIOLATED:** You may file a complaint with Infectious Disease Consultants, P.C. or with the U.S. Secretary of Health and Human Services. To file a complaint with Infectious Disease Consultants, P.C. please contact the Compliance Officer at 303-831-4774. All complaints must be submitted in writing. There will be no retaliation for filing a complaint.

**NOTICE EFFECTIVE DATE:** This Notice is effective for all protected health information created on or after September 23, 2013.

**Infectious Disease Consultants** endorses, supports, and participates in electronic Health Information Exchange (HIE) as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and health care providers that participate in the HIE network. Using HIE helps your health care providers to more effectively share information and provide you with better care. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. However, you may choose to opt-out of participation in the <CORHIO> HIE, or cancel an opt-out choice, at any time.

INFECTIOUS DISEASE CONSULTANT, P.C.

Name of Patient \_\_\_\_\_

Patient's Date of Birth \_\_\_\_\_

**Acknowledgement of Receipt of Notice of Privacy Practices**

I acknowledge that I have received a copy of Provider's Notice of Privacy Practices with the effective date of September 13, 2013.

\_\_\_\_\_  
Signature of Patient/Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

**Documentation of Good Faith Efforts  
To obtain patient's acknowledgment that they received provider's Notice of Privacy Practices**

(For use when acknowledgment cannot be obtained from the patient)

The patient presented to the office on \_\_\_\_\_ and was provided with a copy of the Covered Entity's Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgment of his/her receipt of the Notice. However, such acknowledgment was not obtained because:

\_\_\_ Patient refused to sign

\_\_\_ Patient was unable to sign or initial because: \_\_\_\_\_

\_\_\_ the patient had a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity.

\_\_\_ Other reason (describe) \_\_\_\_\_

Signature of employee completing form: \_\_\_\_\_

Date signed \_\_\_\_\_

