



PATIENT INFORMATION SHEET

Date Taken: _____
Your Initials: _____
Acct. Type: _____
New Patient: _____

Email Address _____
Pharmacy Name _____
Pharmacy Phone # _____

PATIENT INFORMATION:

Legal Name: Last First Middle
Home Address: Number Street City State ZIP Code
Home Phone: Cell #: Sex: M/F Marital Status: S M D W Sep
Date of Birth: Age: SS No.: Driver License No.:
Race/Ethencity: Sex: Language
Referring Physician: Address: Phone:

Employer: Phone:
Address: Occupation:
Referred By: Phone:
Address:
Nearest Friend or Relative: Phone:
(not living with you) Relationship:

SPOUSE OR GUARDIAN INFORMATION:

Name: SS No.:
Employer: Phone:
Insured DOB:
Address:

PRIMARY INSURANCE CARRIED BY PATIENT

SECONDARY INSURANCE INFORMATION

Insurance Co. Name:
Billing Address:
Group or Policy No.:
Cert. or Member No.:
Local Union No.:
Name of Insured:

Insurance Co. Name:
Billing Address:
Group or Policy No.:
Cert. or Member No.:
Local Union No.:
Name of Insured:

Do you (the Patients) have a Living Will and/or durable Power of Attorney for health care? Yes No

ASSIGNMENT OF BENEFITS AND AGREEMENT

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, private insurance and any other health plan to OB/GYN Centers of Memphis, MPLLC.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information to secure the paymet.

I understand if the amount of my balance to OB/GYN Centers of Memphis, MPLLC is not paid in full, the balance will be turned over for collections and I will be responsible for all court costs, attorney fees and collection agency fees applicable to the state laws.

CONSENT TO TREAT

I hereby consent to be treated by the staff of OB/GYN Centers of Memphis, MPLLC. I further authorize OB/GYN Centers of Memphis, MPLLC's staff to provide any medical care and treatment which is considered necessary and appropriate.

Signed _____ Date _____
Patient or Guardian (if minor)



Corey S. McGlothan, M.D.

Katrina King, MSN, APRN, FNP-BC

NEW PATIENTS AND UPDATE FORM

DATE _____

PATIENT'S NAME _____ SSN _____ DOB _____

WHO MAY WE SPEAK TO ABOUT YOUR MEDICAL RECORDS?

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

Please check for No One _____

Please indicate where and the number to leave messages: Home# _____

Cell# _____ Work# _____ May Not Leave Message _____

Medical Records to be Released (Please Check): All _____, if not all, please specify _____

ADVANCED DIRECTIVES

DO YOU HAVE ANY LEGAL DOCUMENTS STATING THE FOLLOWING?

Living Will _____

Power of Attorney _____

DNR (Do Not Resuscitate) _____

No CPR _____

End of Life Decision _____

No Tubal Feeding _____

No IV Fluids _____

No Life Support _____

No Intubation _____

No Anti-botics _____

NONE OF THE ABOVE _____

Patient's or Guardian's Signature

Date

OB/GYN CENTERS OF MEMPHIS, PLLC

NOTICE OF PRIVACY PRACTICES:

To our patients:

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Patient Copy

If you have any questions after reviewing this information, please direct them to OB/GYN Centers of Memphis's Privacy Officer (whose contact information is contained in this notice).

UNDERSTANDING YOUR MEDICAL RECORD PROTECTED HEALTH INFORMATION (PHI)

Each time you visit a hospital, physician, or other health care provider, 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 is referred to us as your medical records. This information and other information relating to your care is referred to in this notice as Protected Health Information (PHI). The doctors and staff of OB/GYN Centers of Memphis maintain Health Information relating to the care you receive from us.

The Health Information contained in your record is useful for a number of reasons. For example this information:

- Assist with planning your care and treatment
- Describes the care you are given
- Allows you, your insurance company or other third-party payer verification of your services billed
- Allows health care providers involved in your care to conduct treatment and payment
- Describe and document the care you are given.
- Contains information necessary to contact you about appointment reminders, treatment and other health-related issues.

Understanding what is in your record and how your Protected Health Information is used helps you to ensure its accuracy and to better understand why others may access your PHI. This, in turn, allows you to make more informed decisions about its use and disclosure.

OUR RESPONSIBILITIES

OB/GYN Centers of Memphis is required by law to take measures designed to protect the privacy of your Protected Health Information and provide you with this notice describing our privacy practices and legal duties. We are also required to abide by the terms of our current notice. We reserve the right to change our notice and privacy practices, and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change, we will post our revised notice at our offices. An updated version may also be provided to you following any substantial changes to the notice upon your written request to Privacy Officer or upon your request during a return visit to OB/GYN Centers of Memphis.

Although other health care provider may provide treatment to you (for example, hospitals or others physician groups), we are not jointly managed with or owned by such providers. They will have their own policies and procedures for handling your health information.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact OB/ GYN Center of Memphis's **Privacy Officer, Pauline Anderson at 901-396-5577 ext. 108**. Communications may also be sent by mail addressed to: Privacy Officer, OB/GYN Centers of Memphis, PLLC, 1264 Wesley Drive, Suite 402, Memphis, TN 38116. If you believe your privacy rights have been violated, please file a complaint with the Privacy Officer, as listed above, or with the Secretary of the U. S. Department of Health and Human Services. There will be no retaliation for filling a complaint.

Example USES AND DISCLOSURES OF HEALTH INFORMATION

We will use your Health Information for treatment. For example: Information obtained by a nurse, physician or other member of your health care team will be recorded in your record and used to determine your course of treatment. Members of your health care team will then record the actions they took and their observations. OB/GYN Centers of Memphis may also provide copies of your Protected Health Information to other health care providers who take care of you.

We will use your Health Information for payment. For example: A bill may be sent to your insurance company or other third - party payer. The information on or accompanying the bill may include information that identifies you, as well your diagnoses, procedures and supplies used. OB/GYN Centers of Memphis may also provide other health care providers involved your care with information to assist in their billing and payment activities.

Fundraising: We, or someone working with us, may contract you as part of a fund-raising effort on our behalf.

Workers compensation: We may disclose Protected Health Information to extent the authorized by and to the extent necessary to comply with the laws relating to workers compensation or other similar programs established by law.

Public Health: We may disclose your Protected Health Information to public health or legal authorities charged with improving health (for example, by preventing or controlling disease, injury, or disability) when and to the extend required or permitted by law.

Law enforcement/Prevention of harm/ Required by law: We may disclose Health Information for law enforcement purposes as required by law or in response to valid subpoena or court order; or where in our judgment, we believe there may be a threat of serious bodily harm to a patient or other person. Also, Federal or state law may require that your Protected health Information be released to an appropriate over sight agency, public health authority, or other organization in certain circumstances.

THE POLICIES IN THIS NOTICE WILL BECOME EFFECTIVE ON: April 14, 2003.

PLEASE SHOW THAT YOU RECEIVED THIS NOTICE BY SIGNING OR MARKING THE SUMMARY NOTICE.

Apr-03

OBGYN CENTERS OF MEMPHIS

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

I, _____ have received this office's
Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of
Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining
acknowledgement
- Other (Please specify)



PRINCIPLES OF MEDICAL PRACTICE

We, as medical professionals, subscribe to a body of ethical standards primarily for the benefit of our patients. We recognize our responsibility not only to patients but to society, to other health professionals and to ourselves. The following is our standard of conduct which defines the essential of honorable behavior for a physician.

1. A physician must be dedicated to providing competent medical services with compassion and respect for human dignity.
2. A physician shall deal honestly with patients and colleagues and strive to expose those physicians deficit in character or competence or who engage in fraud or deception. Sexual harassment of patients or staff or sexual activity between staff and patient or their family members is unethical, will not be tolerated and should be reported to our practice manager Annie Luellen at ext. 103 immediately.
3. A physician shall respect the laws and also recognize a responsibility to seek changes in those requirements that are contrary to the best interest of their patients.
4. A physician shall respect the rights of patients, of colleagues and of other health professionals, and shall safeguard patient confidences within the constraints of the law.
5. A physician shall continue to study, apply an advanced scientific knowledge, make relevant information available to patients, colleagues and the public, obtain consultation, and the use of the talents of other health professionals when indicated.
6. A physician shall, in the provision of the appropriate patient care, except in emergency, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.
7. A physician shall recognize their responsibility to participate in activities contributing to an improved community.