



Urgent Care When You Need It

Patient Registration Form

Please fill-out form completely. See the back page of this form for Notice of Privacy Practices.

Patient's Full Name: _____ Social Security No.: _____
 Date of Birth: _____ Sex: M F Marital Status: Child Single Married
 Street Address /Apt #: _____ Divorced Widowed Separated
 City, State, Zip: _____ Emergency Contact: _____
 Home Phone: _____ Emergency Phone: _____
 Local or Cell Phone: _____ Relationship to Patient: _____
 Email Address: _____ Employer: _____
 Primary Care Physician: _____ Work Phone: _____
 Physician Phone: _____ **Was this a work related injury?** Yes No
 How did you hear about us? _____ **Was this the result of a motor vehicle accident?** Yes No

REASON FOR VISIT:

BASED ON GOVERNMENT REGULATIONS WE ARE REQUIRED TO GATHER THE FOLLOWING INFORMATION:

Preferred Language: _____
 Ethnicity: Hispanic or Latino Non Hispanic or Latino
 Race: American Indian or Alaska Native Asian
 Black or African American Caucasian
 Native Hawaiian or Other Pacific Islander

COMPLETE THIS SECTION ONLY IF UNDER THE AGE OF 18
 Parent/Guardian Name: _____ Parent/Guardian Employer: _____

INSURANCE INFORMATION (MUST be completed for Doctors Express to accept insurance)

Primary Insurance Company: _____ Copay Amount: _____
 Insurance ID or Policy Number: _____ Group Number: _____

COMPLETE THIS SECTION ONLY IF SOMEONE OTHER THAN THE PATIENT HOLDS THE INSURANCE
 Insurance Holder Name: _____ Relationship to Patient: Self Parent Spouse
 Insurance Holder Social Security No: _____ Insurance Holder Birth Date: _____
 Insurance Holder Address: _____

COMPLETE THIS SECTION ONLY IF THE PATIENT HAS SECONDARY INSURANCE
 Secondary Insurance Co: _____ Copay Amount: _____
 Insurance ID or Policy Number: _____ Group Number: _____

OFFICE POLICY ON PAYMENT: It is our policy to require payment of all office charges at the time they are rendered, unless prior arrangements have been specifically made. All accounts over 60 days will be charged an interest rate of 2 percent a month or a \$2.00 minimum. In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to authorize a credit card transaction on their account and pay all costs charged by the collection company and reasonable attorneys fees. Please note, we do not bill third parties for your visit, i.e. Personal Injury Protection Insurance, Lawyers, or other parties.

I have reviewed the Doctors Express Notice of Privacy Practices and have read the terms and conditions on the back of this form and accept financial responsibility in full for this account.

SIGNED: _____ DATE: _____

DOCTORS EXPRESS 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.

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). We must follow the privacy practices that are described in this Notice (which may be amended from time to time).

For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures without Your Written Authorization. We may use and disclose PHI without your written authorization for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

- 1. Treatment:** We may use and disclose PHI in order to provide treatment to you. For example, we may use PHI including your medication history to diagnose, treat, and provide medical services to you. In addition, we may disclose PHI to other health care providers involved in your treatment.
- 2. Payment:** Under federal law we may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. By way of example, we may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services. Under Washington state law, release of PHI to health plans require an authorization provided by you to us or to your health plan.
- 3. Health Care Operations:** We may use and disclose PHI in connection with our health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.
- 4. Required or Permitted by Law:** We may use or disclose PHI when we are required or permitted to do so by law. For example, we may disclose PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition, we may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for workers' compensation claims, and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions as authorized by law.
- 5. Your Other Health Care Providers:** We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services rendered to you, or conduct certain health care operations, such as quality assessment and improvement activities.
- 6. Appointment Reminders:** We may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care. This reminder may be left on a telephone answering machine, or sent via U.S. mail. We will accommodate reasonable requests by you that we provide you with this information through alternative means or at alternative locations.

B. Uses and Disclosures Requiring Your Written Authorization, But For Which You Have An Opportunity to Object.

- 1. Family and Other Persons Involved in Your Care.** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.
- 2. Disaster Relief Efforts.** We may use or disclose protected health information to a public or private entity authorized by law or its charter to assist in disaster relief efforts for the purpose of coordinating notification of family members of your location, general condition, or death.

C. Uses and Disclosures Requiring Your Written Authorization.

- 1. Marketing Communications.** We must obtain your written authorization prior to using PHI for marketing purposes. We may, however, use your PHI for marketing communications without obtaining your authorization if the communication is in the form of a face-to-face communication with you, or a promotional gift of nominal value provided by us to you. If the marketing involves any financial compensation to us from a third party, the authorization must state that such compensation is involved.
- 2. Uses and Disclosures of Your Highly Confidential Information.** In addition, federal and state law requires special privacy protections for certain highly confidential information about you, including the subset of your PHI that: (1) is about mental health and developmental disability services; (2) is about alcohol and drug abuse prevention, treatment and referral; (3) is about HIV/AIDS testing, diagnosis or treatment; (4) is about venereal disease(s); (5) is about genetic testing; (6) is about child abuse and neglect; (7) is about domestic abuse of an adult with a disability; or (8) is about sexual assault. In order for us to disclose this highly confidential information for a purpose other than those permitted by law, we must obtain your written authorization.
- 3. Other Uses and Disclosures.** Uses and disclosures other than those described in this Notice will only be made with your written authorization. For example, you will need to sign an authorization form before we can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time by providing us with written notification of such revocation.

II. YOUR INDIVIDUAL RIGHTS

- A. Right to Inspect and Copy.** You may request access to your medical records and billing records maintained by us in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny access to your records. We may charge a fee for the costs of copying and sending you any records requested.
- B. Right to Alternative Communications.** You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.
- C. Right to Request Restrictions.** You have the right to request a restriction on PHI we use or disclose for treatment, payment or health care operations. You must request any such restriction in writing addressed to the Center's Privacy Officer. We are not required to agree to any such restriction you may request.
- D. Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of certain disclosures of PHI made by us in the last six years. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.
- E. Right to Request Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.
- F. Right to Obtain Notice.** You have the right to obtain a paper copy of this Notice by submitting a request to the Center's Privacy Officer.
- G. Questions and Complaints.** If you desire further information about your privacy rights, or are concerned that we have violated your privacy rights, you may contact the Center's Privacy Officer. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with the Director or with our office.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

A. Effective Date. This Notice is effective on November 1, 2011.

B. Changes to this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised notice in the waiting area of our office and on our web site at www.DoctorsExpress.com. You may also obtain any revised notice by contacting the Center's Privacy Officer.