

APPOMATTOX RIVER MEDICAL LLC

Hopewell Medical Center
815 W Poythress Street
Hopewell, Virginia 23860
(804) 458-8557

Colonial Heights Medical Center
3512 Boulevard
Colonial Heights, VA 23834
(804) 520-1110

PLEASE PRINT CLEARLY

Date _____

Full Legal Name _____ Age _____ Date of Birth _____

Race (circle one): Caucasian African-American Asian Hispanic American-Indian Native Hawaiian Other

Ethnicity (circle one): Hispanic Non-Hispanic Preferred Language (circle one): English Other _____

Driver License/State ID # _____ Sex M F SS# _____

Mailing Address _____ Email _____

City, State, Zip Code _____ Home Phone # _____

Street Address _____ Cell Phone # _____

City, State, Zip Code _____ Work Phone # _____

Parent or Guardian's Name _____ Emergency # _____

Parent or Guardian's Employer (if minor) _____

Employer's Address _____ Occupation _____

City, State, Zip Code _____

Patient's Employer (self) _____

Employer's Address _____ Occupation _____

City, State, Zip Code _____

Marital Status: Single _____ Divorced _____ Separated _____ Married _____ Widowed _____

Medication Allergies _____ Spouse's Name _____

Health Insurance # 1 _____ Subscriber's Name _____

Policy # _____ Subscriber's SS# _____ Subscriber's DOB _____

Health Insurance # 2 _____ Subscriber's Name _____

Policy # _____ Subscriber's SS# _____ Subscriber's DOB _____

Nearest Relative (Not living with you) _____ Relationship _____

Address _____ City, State, Zip Code _____

Phone # _____

APPOMATTOX RIVER MEDICAL LLC

HOPEWELL MEDICAL CENTER
815 WEST POYTHRESS STREET
HOPEWELL, VIRGINIA 23860
TELEPHONE 804-458-8557

COLONIAL HEIGHTS MEDICAL CENTER
3512 BOULEVARD
COLONIAL HEIGHTS, VA 23834
TELEPHONE 804-520-1110

JAMES BUSH, M.D.
BRENT ARMSTRONG, M.D.
LEE WEATHINGTON II, M.D.
BRUCE A. MILLER, M.D.
DES P MOORE III, M.D.
DIPLOMATE, AMERICAN BOARD
OF FAMILY PRACTICE

ALBERT MAGNIN, M.D.
INTERNAL MEDICINE

GEORGE PROFFITT, FNP
STACY INGRAM-HANSON, CNP
FRANK JORDEANS, CNP

Date _____

Name _____

PRESCRIPTION REFILL POLICY

1. For Prescription refills, we respectfully ask that you allow us **forty-eight hours** to fill all prescriptions.
2. Please call between the hours of 9:00 a.m. and 4:00 p.m., Monday through Friday.
3. Prescriptions for narcotics and other scheduled drugs will not be filled after office hours or on weekends. Please remember to call in advance so we can assist you in a timely manner.
4. If you have lost or misplaced your written prescription there will be a charge of \$10.00 to rewrite or call in the prescription. This is payable before we process the prescription.
5. Refills after 11:00 a.m. Friday **WILL NOT BE WORKED ON UNTIL MONDAY.**

Patient/Guardian Signature

Date

Witness (STAFF ONLY)

Date

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AUTHORIZATION TO DISCUSS & RELEASE CONFIDENTIAL PATIENT INFORMATION

I, _____

hereby authorize Appomattox River Medical LLC to discuss my medical and/or financial information with the following person and/or persons:

****This includes, but not limited to, picking up prescriptions, samples, excuses, or any other documents left for pick up if patient is unable**

Name	Relationship	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This consent is valid until such time as I provide Appomattox River Medical LLC written revocation of it.

If we are unable to reach you in person for any reason (labs, referrals, appointments, prescriptions, & etc.):
Do we have your permission to leave a message on your voice recorder?

- YES Phone Number _____
- NO

Patient/Guardian Signature

Date

Witness (STAFF ONLY)

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AUTHORIZATION TO TREAT & RELEASE CLINICAL INFORMATION

I, _____, hereby authorize Appomattox River Medical LLC to perform a medical examination and evaluation on myself and to release any and all medical/non medical information to any person or persons which would need access to my information for continuance of my medical care. My information may be sent to referring physicians; hospitals; physical therapists; durable medical equipment vendors; pharmacies; and any other health care professional. I further authorize Appomattox River Medical LLC to obtain copies of my medical records and any test results from any source including health care providers, hospitals, insurance carriers, employers, pharmacies (including VA prescription monitoring program).

Patient/Guardian Signature

Date

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TO ALL PATIENTS:

Proof of insurance is required at time of registration. If unavailable, payment is expected at the time services are rendered or patient is expected to re-schedule. Patients are responsible for co-payments, deductibles, co-insurance and any non-covered services deemed your responsibility by your insurance carrier. Remember: The medical services rendered are your responsibility, they are charged to the patient and not to the insurance company. You, the patient are responsible for payments to the doctor. A health insurance policy is a contract between you (as the subscriber) and your insurance company. We bill any commercial insurance policies. The patient is responsible for any charges not covered or any balances not paid by the insurance company.

Failure to keep any appointments without a 24 hour notification will result in a \$30.00 charge to your account. This will not be paid by your insurance company. A monthly \$3.00 handling charge or 1.5% finance charge, whichever is greater, will be added to every account after thirty days and every month thereafter until the account is paid in full. Any collection expenses incurred ie, court costs and attorney fees of 33.33% or more become the responsibility of the patient and will be added to any amounts due. All returned checks are subject to a \$35.00 returned check charge.

We appreciate our patients who have kept their account paid in full and look forward to serving you in the future.

Guardian/Guarantor expressly guarantees prompt payment and terms for the above charges for a minor child or an adult child (over the age of (18) eighteen) until the Guardian/Guarantor removes this responsibility in writing.

I have read and understand the above conditions:

Patient's Name

Signature: _____ Date _____

Guardian/Guarantor Date _____

Witness (STAFF ONLY): _____ Date _____

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A law was enacted in Virginia in 1989 which authorizes health care providers to test their patients for HIV antibodies when the health care provider is exposed to the body fluids of a patient in a manner which may, according to certain medical authority, transmit human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS) and related disorders. Pursuant to this law, in the event of such an exposure, you will be deemed to have consented to such testing, and to have consented to the release of the test results to the health care provider who may have been exposed. However, if such exposure occurs, you will be informed before any of your blood is tested for HIV antibodies pursuant to this provision, the testing will be explained to you, and you will be given the opportunity to any questions you might have.

The law also provides that if you should be exposed to the body fluids of a health care provider in a manner which may, according to certain medical authority, transmit HIV, the health care provider is deemed to have consented to such testing and to the release of the test results to you.

I have read and understand the above "Notice of deemed consent to HIV blood testing".

Date

Patient's Signature
(or parent or guardian's signature, if minor)

I have received a copy of the Notice of Privacy Practices, I have read and understand these policies,

Patient/Guardian Signature _____

Witness _____
(STAFF ONLY)

Appomattox River Medical, LLC.

NOTICE OF PRIVACY PRACTICES Effective May 1, 2011

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.

Our Promise To You, Our Patients
Your information is important and confidential. Our ethics and policies
Require that your information be held in strict confidence.

Introduction

We maintain protocols to ensure the security and confidentiality of your personal information. We have physical security in our building, passwords to protect databases, compliance audits, and virus/intrusion detection software. Within our practice, access to your information is limited to those who need it to perform their jobs.

At the offices of Appomattox River Medical, LLC, we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Policies describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record

Each time you visit Appomattox River Medical, LLC, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in education health professionals.
- Source of data for medical research.
- Source of information for public health officials charged to improve the health of the state and nation.
- Source of data for our planning and marketing, and
- Tool by which we can assess and continually work to improve the care we render and outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to : ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Appomattox River Medical, LLC., the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of privacy policies upon request.
- Inspect and obtain a copy your health record as provided by 45 CFR 164.524 (reasonable copy fees apply in accordance with state law),
- Amend your health record as provided by 45 CFR 164.526,
- Obtain an accounting of disclosures of your health information as provided by 45 CFR 164.528,
- Request confidential communications of your health information as provided by 45 CFR 164.522(b), and
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522(a) (however, we are not required by law to agree to a requested restriction)

Our Responsibilities

Our Practice is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate your health information

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. We will keep a posted copy of the most current notice in our facility containing the effective date in the top, right-hand corner. In addition, each time you visit our facility for treatment, you may obtain a copy of the current notice in effect upon request.

We will not use or disclose your health information in a manner other than described in the section regarding Examples Of Disclosures For Treatment, Payment, And Health Operations, without your written authorization, which you may revoke as provided by 45 CFR 164.508(b)(5), except to the extent that action has already been taken.

For More Information Or To Report A Problem

If you questions and would like additional information, you may contact our practice's Privacy Officer, Carter Spalding, at (804) 458-8557.

If you believe your privacy rights have been violated, you can either file a complaint with Carter Spalding, or with the Office for Civil Rights, U.S. Department of Health and Human Services (OCR). There will be no retaliation for filing a complaint with either our practice or the OCR. The address for the OCR is as follows:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Examples Of Disclosures For Treatment, Payment, And Health Operations

We will use your health information for treatment.

We may provide medical information about you to health care providers, our practice personnel, or third parties who are involved in the provision, management, or coordination of your care.

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 the course of treatment that should work best for you. Your medical information will be shared among health care professionals involved in your care.

We will also provide your other physician(s) or subsequent health care provider(s) (when applicable) with copies of various reports that should assist them in treating you.

We will use your health information for payment.

We may disclose your information so that we can collect or make payment for the health care services you receive.

For example:

If you participate in a health insurance plan, we will disclose necessary information to that plan to obtain payment for your care.

We will use your health information for regular health operations.

We may disclose your health information for our routine operations. These uses are necessary for certain administrative, financial, legal, and quality improvement activities that are necessary to run our practice and support the core functions.

For example:

Members of the quality improvement team may use the information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide and to reduce health care costs.

- Appointment Reminders
We may disclose medical information to provide appointment reminders (e.g., contacting you at the phone number you have provided to us and leaving a message as an appointment reminder).
- Decedents
Consistent with applicable law, we may disclose health information to a coroner, medical examiner, or funeral director.
- Workers Compensation
We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.
- Public Health
As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- Research
We may disclose information to researchers when their research has been approved and the researcher has obtained a required waiver for the Institutional Review Board/Privacy Board, who has reviewed the research proposal.
- Organ Procurement Organizations

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of donation and transplant.

- As Required By Law
We may disclose health information as required by law. This may include reporting a crime, responding to a court order, grand jury subpoena, warrant, discovery request, or other legal process, or complying with health oversight activities, such as audits, investigations, and inspections, necessary to ensure compliance with government regulations and civil rights laws.
- Specialized Government Functions
We may disclose health information for military and veterans affairs or national security and intelligence activities.
- Business Associates
There are some services provided in our organization through contacts with business associates. Some examples are laboratory transcription services we may use. Due to the nature of business associates' services, they must receive your health information in order to perform the jobs we've asked them to do. To protect your health information, however, when these services are contracted we require the business associate to appropriately safeguard your information.
- Practice Marketing
We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you (for example, to notify you of any new tests or services we may be offering).
- Food And Drug Administration (FDA)
We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- Personal Representative
We may use or disclose information to your personal representative (person legally responsible for your care and authorized to act on your behalf in making decisions related to your health care).
- To Avert A Serious Threat To Health/Safety
We may disclose your information when we believe in good faith that this is necessary to prevent a serious threat to your safety or that of another person. This may include cases of abuse, neglect, or domestic violence.
- Communication With Family
Unless you object, health professionals, using their best judgment, may disclose to a family member or close personal friend health information relevant to that person's involvement in your care or payment related to your care. We may notify these individuals of your location and general condition.
- Disaster Relief
Unless you object, we may disclose health information about you to an organization assisting in a disaster relief effort.

For all *non-routine* operations, we will obtain your written authorization before disclosing your personal information. In addition, we take great care to safeguard your information in every way that we can to minimize any incidental disclosures.