



SHASTA CRITICAL CARE
S p e c i a l i s t s

Dear New Patient,

In order to have all your paperwork processed in time for your visit with the physician, please arrive 15 minutes early for your first appointment. Even though your paperwork is already complete, the receptionist needs time to process the information for each of our departments (registration, billing, laboratory, etc.). To maintain our schedule, we have found this lead time necessary for welcoming our new patients. We appreciate your accommodation and hope that your first visit to our practice is a pleasant one.

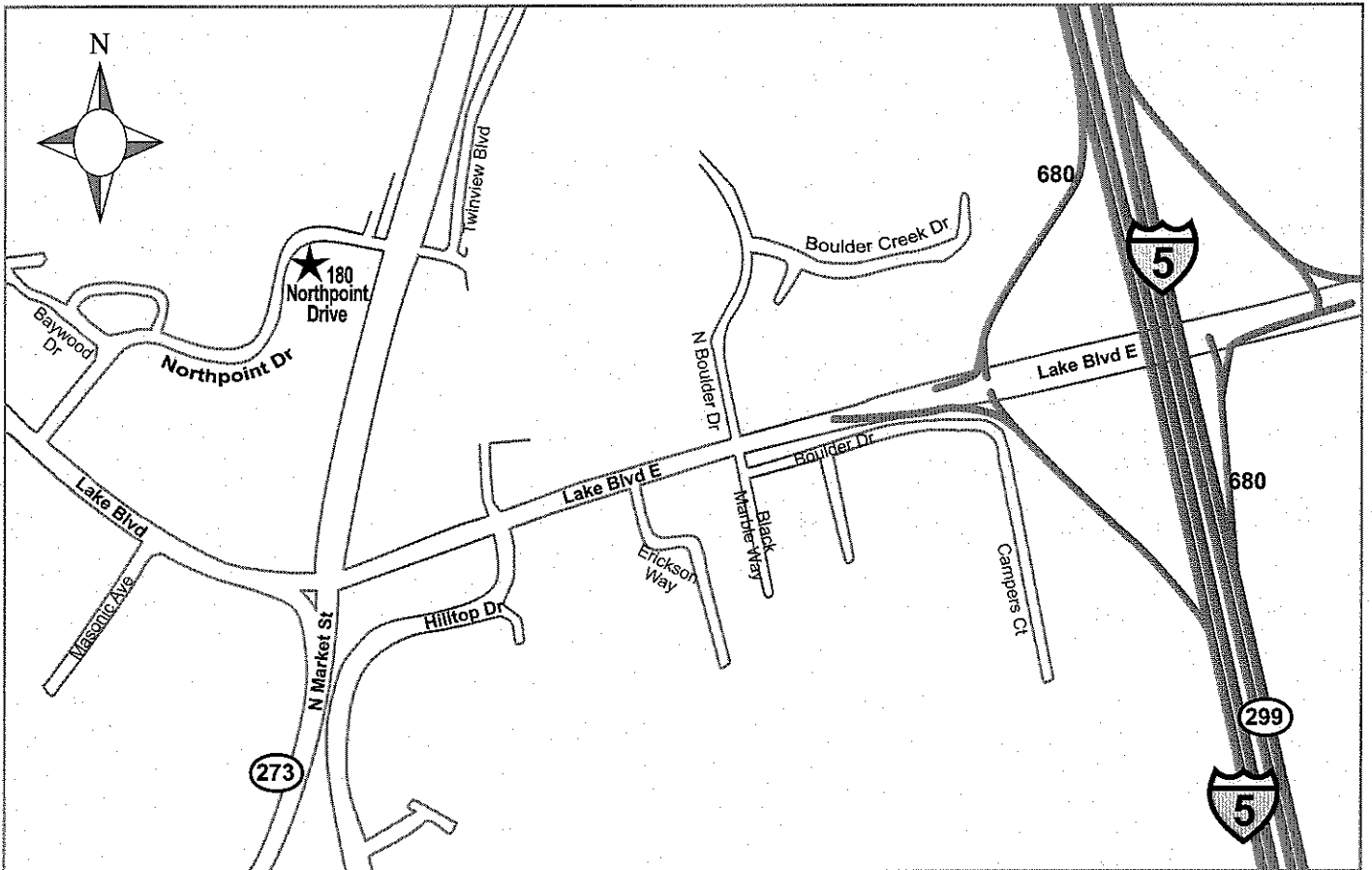
Sincerely,

The Staff
Shasta Critical Care Specialists



SHASTA CRITICAL CARE

Specialists





SHASTA CRITICAL CARE
 Specialists
 180 Northpoint Drive
 Redding, CA 96003
 530-232-3000

Thank you for choosing our office. In order to serve you properly, we need the following information. All information will be strictly confidential. (PLEASE PRINT)

Patient's Name _____ What do you wish to be called? _____

Birth Date _____ Age _____ M/F _____ Social Security # _____

Mailing Address _____ City _____

State _____ Zip Code _____ Phone # _____ Marital Status S M O

Occupation _____ Business Phone # _____

Employer _____ Address _____

Do you have Medicare? Yes No If yes, ID # _____

Do you have Medi-Cal? Yes No If yes, ID # _____

Do you have private medical insurance? Yes No

Insurance Company Name _____

Address _____ City _____ State _____ Zip _____

Group # _____ Policy # _____

Subscriber Name _____ Birth Date _____ Social Security # _____

Employer Address _____ Address _____

Secondary Insurance Company Name _____

Address _____ City _____ State _____ Zip _____

Group # _____ Policy # _____

Subscriber Name _____ Birth Date _____ Social Security # _____

Employer Address _____ Address _____

Person financially responsible for this account: Self Other

If other, Name _____ Address _____

City _____ State _____ Zip _____

Nearest friend or relative not residing with you? _____

Relationship to patient: _____ Address _____

City _____ State _____ Zip _____ Phone # _____

*I authorize this office to receive and to release information necessary to the named insurance company (or companies) to expedite insurance payment, and to keep my signature on file for billing purposes. I understand that I am responsible for all charges (including handling fees for late payments), regardless of insurance coverage (unless the physician is contracted with my insurance company including Medicare), for a covered service while my policy is in force. I agree to be responsible for payment when any necessary insurance authorization has not been obtained. I agree to pay for services or supplies that Medicare or any other insurance carrier may deem to be "medically unnecessary" or are otherwise not covered services by my insurance carrier(s).

Signature _____ Today's Date _____



SHASTA CRITICAL CARE
Specialists

NEW PATIENT ADMISSION ASSESSMENT

Patient name: _____ Date: _____

Who is your family doctor: _____

Are you allergic to any medications and what type of reaction do you have:

PAST MEDICAL HISTORY

YES NO

___	___	Heart Disease (heart attacks, heart failure, rheumatic fever, etc.)
___	___	Lung Disease (asthma, emphysema, bronchitis, pneumonia, etc.)
___	___	Gastrointestinal (ulcers, cancer, hepatitis, etc.)
___	___	Endocrine (diabetes, thyroid disease, etc.)
___	___	Blood disease (anemia, clotting disorders, etc.)
___	___	Kidney and or bladder (chronic bladder or kidney infections, etc.)
___	___	Cancer-please describe _____

Other health problems not listed above: _____

OPERATIONS: (list operation and year of surgery)

IMMUNIZATIONS: (when was your last)

Tetanus shot _____	Pneumonia shot _____
TB skin test _____	Flu shot _____

CURRENT MEDICATIONS

Name of drug	Strength	Directions
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently using Oxygen? Yes No If yes, what is the name of your oxygen company?

HOSPITAL PREFERENCE _____

PHARMACY PREFERENCE _____

Acknowledgement of Receipt of Notice of Privacy Practices

Shasta Critical Care Specialists

Privacy Officer: Office Manager – 530.232.3000

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient.

Name of patient _____

Is there someone you want Shasta Critical Care Specialists to release information to?

- Yes No

If yes:

Name:

Relationship to Patient

_____	_____
_____	_____

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

Shasta Critical Care is required by law to maintain the privacy of protected health information (PHI) and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.

Assigning Privacy and Security Responsibilities: It is the policy of this medical practice that the Privacy Officer is assigned the responsibility of implementing and maintaining the Health Insurance Portability & Accountability Act (HIPAA) Privacy and Security Rule's requirements. Furthermore, it is the policy of this medical practice that this individual will be provided sufficient resources and authority to fulfill their responsibilities.

Minimum Necessary Use and Disclosure of Protected Health Information for Treatment, Payment and Health Operations: It is the policy of this medical practice that for all routine and recurring uses and disclosures of PHI except for uses or disclosures made 1) for treatment purposes, 2) to or as authorized by the patient or 3) for payment, 4) for health care operations, 5) as required by law and for HIPAA compliance such uses and disclosures of protected health information must be limited to the minimum amount of information needed to accomplish the purpose of the use or disclosure. It is also the policy of this medical practice that non-routine uses and disclosures will be handled pursuant to established criteria. It is also the policy of this organization that all requests for protected health information (except as specified above) must be limited to the minimum amount of information needed to accomplish the purpose of the request.

We will use your health information for treatment: For example: Information obtained by your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you.

We will use your health information for payment: For example: A bill may be sent to you or a third-party payer. This information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedure and supplies used.

We will use your health information for regular health operations. Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Appointment Reminders: We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Judicial and Administrative Proceedings: We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

Specialized government functions: We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

Coroners/Funeral Directors: We may disclose health information to funeral directors/coroners consistent with applicable law to carry out their duties.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing and controlling disease, injury, or disability.

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

Shasta Critical Care will abide by the following policies regarding patient privacy practices:

We will post the most current notice of privacy practices in our "waiting room" area, and have copies available for distribution at our reception desk.

Business Associates must be contractually bound to protect health information to the same degree as set forth in the policy. It is also the policy of this organization that business associates who violate their agreement will be dealt with first by an attempt to correct the problem, and if that fails by termination of the agreement and discontinuation of services by the business associate.

Prohibited Activities: No Retaliation or Intimidation—no employee or contractor may engage in any intimidating or retaliatory acts against persons who file complaints or otherwise exercise their rights under HIPAA regulations. It is also the policy of this organization that no employee or contractor may condition treatment or payment on the provision of an authorization to disclose protected health information except as expressly authorized under the regulations.

Certification of Identity of all persons who request access to protected health information will be verified before such access is granted.

Deceased Individuals: privacy protections extend to information concerning deceased individuals.

Mitigation: effects on any unauthorized use or disclosure of protected health information will be mitigated to the extent possible.

Safeguards will be in place to reasonably safeguard protected health information from any intentional or unintentional use or disclosure that is in violation of the HIPAA Privacy Rule. These safeguards will include physical protection on premises of PHI, technical protection of PHI maintained electronically and administrative protection. These safeguards will extend to the oral communication of PHI. These safeguards will extend to PHI that is removed from this organization.

Training and Awareness: all employees have been trained on the policies and procedures governing protected health information and how this medical practice complies with the HIPAA Privacy and Security Rules.

Retention of Records: The HIPAA Privacy Rule which requires records retention of at least six years will be strictly adhered to.

Regulatory Currency: we remain current in our compliances program with HIPAA regulations.

Cooperation with Health/Privacy Oversight Authorities: Agencies such as the Office for Civil Rights of the Department of Health and Human Services will be given full support and cooperation in their efforts to ensure the protection of health information within this organization. It is also the policy of this organization that all personnel must cooperate fully with all privacy compliance review and investigations.

Understanding Your Health Record/Information: Each time you visit Shasta Critical Care, a record of your visit is made. Typically, this record contains your symptoms, examination and procedure results. This information, often referred to as your health or medical record, serves as a:

- ◇ Basis for planning your care and treatment by your physician.
- ◇ Means of communication among the many health professionals who contribute to your care.
- ◇ Legal document describing the care you receive.
- ◇ Means by which you or a third-party can verify that services billed were actually provided.
- ◇ A tool for educating health professionals.
- ◇ A source of information for public health officials charged with improving the health of this state and nation.
- ◇ A tool with which we can assess and continually work to improve the care we render.

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 disclosures to others.

Your Health Information Rights: Although your record is the physical property of Shasta Critical Care, this information belongs to you. You have the right to:

- ◇ Obtain a paper copy of this notice of information practices upon request.
- ◇ Inspect and copy your health records as provided for in 45 CFR 164.524.
- ◇ Amend your health record as provided in 45 CFR 164.528.
- ◇ Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- ◇ Request communications of your health information by alternative means or at alternative locations.
- ◇ Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.

It is a requirement that the above requests be in writing. You may request a change in your record; however, we are not required to agree with your requests.

It is the policy of this medical practice that we will adopt, maintain and comply with our Notice of Privacy Practices, which shall be consistent with HIPAA and California law.

Our Responsibilities: Shasta Critical Care 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 requested restrictions, and
- ◇ Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will notify you on your next visit.

We will not use or disclose your health information without your written authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received written revocation of the authorization according to the procedures included in the authorization.

Shasta Critical Care will utilize every reasonable means to protect your health information; however charts may occasionally be visible in the office or transferred from one internal facility to another. Also, patient information may be visible on computer screens, and although we exercise great care in fax and email transmissions, we cannot guarantee that it will not go to an incorrect recipient.

Complaints: Complaints about this notice or how this medical practice handles your health information should be directed to the Privacy Officer listed in the front of this notice.

If you are not satisfied with the manner in which this office handles complaints, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg. 200 Independence Ave., SW
Room 509f HHH Building
Washington, DC 20201

You will not be penalized for filing a complaint.