CAROLINA WOMEN'S HEALTH

Patient Information:

Social Security #:_____ Last Name:_____ First Name:_____M.I._____

Address:_____ City/State:_____ Zip:_____

Home Phone: _____Work Phone:_____Ext_____ Cell Phone:_____

Race:_____ Birthdate:_____ Marital Status: S M W D

Responsible Party: (if patient is a minor)

Name of Person Responsible: (last, First, MI)_____

Patient's relationship to responsible party: SELF SPOUSE CHILD OTHER_____

Address:_____City/State:_____ Zip:_____

Home Phone:_____ Birthdate:_____SSN#:_____

Employer:_____ Work Phone:_____

Insurance and Employer Information:

Primary Insurance Co. Name:_____Policy #:_____Eff. Date:_____

Name of Subscriber:_____Birthdate:_____ SS#_____

Subscriber's Employer:_____Phone#:_____

Patient's relationship to subscriber: SELF SPOUSE CHILD OTHER_____

Secondary Insurance Co. Name:_____Policy #:_____Eff. Date:_____

Name of Subscriber:_____Birthdate:_____ SS#_____

Subscriber's Employer:_____Phone#:_____

Patient's relationship to subscriber: SELF SPOUSE CHILD OTHER_____

How Did You Hear About Us: (Choose the **one** that best explains why you choice our office)

_____ 1. My **doctor**, Dr. _____.
_____ 2. My **friend** told me about you.
_____3. My **family** told me about you
_____ 4. Your **location** is convenient
_____ 5. The **hospital** recommended you.
_____ 6. You are a Provider on my **Insurance**.
_____ 7. I found you on the **Internet**.
_____ 8. Previous Patient
_____ 9. I 'am **transferring from another OB/GYN**-Dr._____
_____ 10.. Read about you in the **Newspaper.**
_____11. Read about you in a **Magazine**
_____12. Hear about you on the **Radio**.
_____13. Saw your ad on **Television**.
_____14. Saw your **Billboard.**
_____15 **Direct Mail**
_____16. **Other**_____
_____17. I saw you at the **Upstate Women's Show**.

Emergency Contact:

Name:_____Rel to Patient:_____ Phone:_____

Medical Consent: I consent to the examination, treatment, and procedures, which may be performed during the office, visit, including emergency treatment considered necessary by the physician. If an invasive procedure is necessary, a specific consent form will be discussed with me at that time.

Financial Policy: Professional services rendered are charged to the patient. We file most primary insurance and some secondary. We do not accept Medicaid as a secondary payer. However, the patient or responsible party will be responsible for all fees regardless of insurance coverage. Co-payments, deductibles, and/ or co-insurance are expected at the time services are rendered. I hereby authorize Carolina Women's Health to furnish information to my insurance carrier concerning my illness and treatments. I hereby assign the physician all payments for medical services rendered my dependents and myself. By signing this form I understand that I am responsible for any amount not covered by insurance and am responsible for the payment of this account. If my self-pay balance becomes more than 90 days past due I understand that my account could be turned over to a collection agency.

Signature:_____ Date: _____ Relationship to patient:_____

Carolina Women's Health

Name	SSN	DOB
Current Medications		

Method of Birth Control-	Alcohol - No Moderate Daily
Drug Allergies-	Smoke - Yes No _____pks/day
Last Menstrual Period-	Marijuana or other illegal drugs- Y N
Sexually Active - Yes No	Past Surgeries-

PERSONAL HISTORY

Have you ever had:					
Abnormal Pap	Yes	No	Gonorrhea	Yes	No
Measles			Chlamydia		
Mumps			Syphilis		
Chicken Pox			Pelvic Inflammatory Disease (PID)		
Scarlet Fever			HIV(AIDS)		
Pneumonia			Hepatitis or Jaundice		
Kidney Infection			Depression or PMS		
Kidney Stones			Anxiety Attack		
Polio			Diabetes		
Tuberculosis			Endometriosis		
Herpes			Thyroid Disease		
Vaginal Warts/Condyloma			Cancer		

FAMILY HISTORY

Has any relative ever had:					
Breast Cancer	Yes	No	Stroke	Yes	No
Ovarian Cancer			Heart Disease		
Uterine Cancer			Endometriosis		
Colon Cancer			Fibroids		
Other Cancer			Depression		
Diabetes			Osteoporosis		
High Blood Pressure			Blood Clot (DVT)		
High Cholesterol			Genetic Disorders		

MENSTRUAL HISTORY

Age Period Began	No. Days period Lasts
Regular Cycles Yes No	Flow Light Medium Heavy
Frequency—every _____ days	Any Irregularities
Cramps Yes No	

PREGNANCY HISTORY

Year	Vaginal or C-Section	Weeks GA	Sex	Weight	Complications

Signed_____ **Date**_____

CAROLINA WOMEN'S HEALTH
PATIENT FINANCIAL POLICY

Thank you for choosing our practice! We participate with most insurance plans. Each plan has different benefits for you as well as different financial obligations. We will work with you and your insurance plan to determine what part of your fees for medical care are covered by insurance and which parts are your responsibility.

The following are our financial guidelines relative to financial responsibility:

- Payment in full is expected at the time of service. This includes co-pays, co-insurance, and deductibles. All co-pays will be collected at check in.
- We accept cash, check, Mastercard, Visa, American Express or Discover. There will be a $25.00 NSF charge on all returned checks.
- Any previous account balances must be paid in full prior to receiving additional services.
- It is our policy not to extend professional courtesy discounts.
- Not all insurance policies cover all services. It is your responsibility to check with your insurance company to determine covered benefits.
- You may be charged a $25 no-show fee for any appointments missed, not cancelled/ rescheduled with a 24 hour notice.
- There is a $20.00 fee for completion of all disability form and/or, FMLA forms. Please allow 3-5 days for completion.
- There is a $20.00 fee for all medical record requests. Including records transfers and copies.
- As a courtesy to our patients you may elect to have your balance deducted from your bank account using your ATM debit card or credit card account. You may have up to three months to pay, with no service fee or interest charges.
- All account balances over 120 days will be turned over to an outside collection agency.
- A 25% collection fee may be added to your account balance if outside collection efforts are needed.
- There will be a $10.00 charge for any prescriptions requested after your appointment.
- We do not accept Medicaid as a secondary payor. You will be responsible for any co-pays, co-insurance, or deductibles applicable to your primary policy.
- Most of the labs drawn in our office are sent to Lab Corp. You will receive a separate billing from Lab Corp for these services.
- A parent or legal guardian must accompany patients who are minors. This accompanying adult is responsible for payment of the account.
- Valid identification (i.e. valid driver's license, passport, or government issued photo ID) required at check in.

I have read, understand, and agree to the above financial policy. I understand that charges not covered by my insurance company, as well as applicable co-pays and deductibles are my responsibility.

_____ _____

Printed Name Signature

_____

Date

CAROLINA WOMEN'S HEALTH
Authorization to Use and Disclose Protected Health Information

Use and Disclosure of Your Protected Health Information
Your protected health information will be used by Carolina Women's Health or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice. There is potential for re-disclosure. The person or organization to which health information is sent may repeatedly disclose health information that is identified by this authorization. The privacy of this information may not be protected under the federal privacy regulations.

Notice of Privacy Practices
by Carolina Women's Health is required to provide you with a notice that describes how information about you may be used and disclosed. Additionally, we must provide you information on how you may get access to this information. These policies and practices are defined in the "Notice of Privacy Policies and Practices" letter provided to you. **PLEASE REVIEW IT CAREFULLY.**

Requesting a Restriction on the Use or Disclosure of Your Information
You may request a restriction on the use or disclosure of your protected health information by Carolina Women's Health may or may not agree to restrict the use or disclosure of your protected health information. If by Carolina Women's Health agrees to your request, the restriction will be binding on the practice. Use or disclosure of protected health information in violation of an agreed upon restriction will be a violation of the federal privacy standards.

Revocation of Consent
You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected. Contact Kim Wilson, Office Manager at 864-382-4000 to terminate this authorization.

Reservation of Right to Change Privacy Practices
Carolina Women's Health reserves the right to modify the privacy practices outlined in the notice. I understand that Carolina Women's Health will notify me of these changes via the method I have authorized or upon my next appointment.

Rights of the Individual
*You may inspect or copy the information used or disclosed under this authorization by contacting Kim Wilson at 864-382-4000.
*You may refuse to sign this authorization. If you refuse to sign, Carolina Women's Health will not deny you treatment.

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1. Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis: **If you wish a spouse, step-parent, child, secretary, friend, etc. to have access to appointment times, health information, and/or billing information, please list them here.**

_____may have access to: all info appt info only billing info only diagnosis/medical info only
_____may have access to: all info appt info only billing info only diagnosis/medical info only
_____ may have access to: all info appt info only billing info only diagnosis/medical info only
_____may have access to: all info appt info only billing info only diagnosis/medical info only
_____may have access to: all info appt info only billing info only diagnosis/medical info only

2. Your billing statements and/or correspondence from our office will be sent to the address provided by you on your patient information sheet. All clinical correspondence will be marked "CONFIDENTIAL" when mailed directly from our office.

3. The practice may use your information to remind you about upcoming appointments. Typically, appointment reminders are done by telephone and a brief, non-specific message may be left on your answering machine or voicemail. The home number you provided on your patient information sheet will be used to contact you. We may also leave messages regarding treatment and/or other information pertinent to your healthcare and payment for your care provided at Carolina Women's Health.
If you do not wish to be contacted in this manner, how else may we contact you? _____
I have reviewed this consent form, received the notice entitled "Notice of Privacy Policies and Practices" and give my permission to Carolina Women's Health to use and disclose my health information in accordance with this consent and the notice provided.

_____

Name of Patient (Print/Type) Signature of Patient OR Signature of Patient Representative Date

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Relationship of Patient Representative to Patient

PATIENT PASSWORD

To obtain any PHI information by telephone you will be asked to provide your password. This password should not be shared with anyone else. This password will confirm your identity when calling our office to obtain any information regarding your health information, billing and/or appointment information.

My Password_____(PRINT)

Patient Signature_____ Date:_____

Notice of Privacy Policies and Practices For Carolina Women's Health

DEAR PATIENT: 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.

At Carolina Women's Health we are committed to treating and using protected health information about you responsibly. This Notice 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 applies to all protected health information as defined by federal regulations.

Understanding Your Medical Record/Health Information

Each time you visit Carolina Women's Health a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, test results, and treatment as well as other pertinent healthcare data. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment. In addition, it may also serve as a means of communication with other health professionals involved in your care, a legal document outlining and describing the care you received, a tool that you, or another payer (your insurance company) will use to verify that services billed were actually provided, an education tool for medical health providers, a source for medical research, a basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards, a source of data for planning and/or marketing, and a tool that we can reference to ensure the highest quality of care and patient satisfaction. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

Your Rights

You have certain rights under the federal privacy standards. These include the right to request restrictions on the use and disclosure of your protected health information, receive confidential communications concerning your medical condition and treatment, inspect and copy your protected health information, amend or submit corrections to your protected health information, and receive an accounting of how and to whom your protected health information has been disclosed.

Our Responsibilities

Carolina Women's Health 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, accommodate reasonable requests you may have regarding communication of health information via alternative means and locations. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to procedure included in the authorization.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting The Front Desk Receptionist or The Office Manager. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

How We May Use and/or Disclose Your Health Information

We will use your health information for treatment . Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example: results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

We will use your information for payment . Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to you.

We will use your information for regular health operations . Your health information may be used as necessary to support the day-to-day activities and management of Carolina Women's Health. For example: information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Business Associates . In some instances, we have contracted separate entities to provide services for us. These "associates" require your health information in order to accomplish the tasks that we ask them to provide. Some examples of these

"business associates" might be a billing service, collection agency, answering services and computer software/hardware

provider. Communication with family . Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. Please inform the practice when you do not wish a family member or other individual to have authorization to receive your information. Research/Teaching/Training . We may use your information for the purpose of research, teaching, and training. Healthcare Oversight . Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so. Public health reporting . Your health information may be disclosed to public health agencies as required by law. Law enforcement . Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Appointment Reminders . The practice may use your information to remind you about upcoming appointments. Typically, appointment reminders are done by telephone and could be left as a brief, non-specific message on your answering machine or voicemail. If you don't approve of these methods, or, if you prefer alternative methods (i.e. email) please inform the practice.

Other uses and disclosures. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have complaints, questions or would like additional information regarding this notice or the privacy practices of

Carolina Women's Health, please contact:

Kim Wilson, Office Manager
Carolina Women's Health
213 Halton Road
Greenville, SC 29607

If you believe that your privacy rights have been violated, please contact the aforementioned practice Privacy Official, or, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy Official or with the Office for Civil Rights. The address for the Office for Civil Rights is listed below:

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