

# M-15 Family Medical Center

## Patient Information

TODAY'S DATE: \_\_\_\_\_

**PATIENT INFORMATION (Please Print):**

Name (Last): \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Gender: Male / Female

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status: Single/Married/Widowed/Divorced

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Race: Decline/White/American Indian/Asian/African American/Native Hawaiian/Other: \_\_\_\_\_

Ethnicity: Decline / Hispanic / Non-Hispanic

Preferred Language: English / Spanish / Other: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone # (Home/Cell/Work): \_\_\_\_\_

Alternate Phone # (Home/Cell/Work): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred Pharmacy Name: \_\_\_\_\_ Pharmacy Phone #: \_\_\_\_\_

May We Leave Messages On Your Answering Machine or Voicemail? YES/NO

May We Share Your Protected Health Info With A Family Member? YES/NO

Please List Names: \_\_\_\_\_

Do You Have An Advanced Directive? YES/NO *To learn more information go to Michigan.gov*

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

# M-15 Family Medical Center, P.C. Office and HIPAA Policy

7736 Ortonville Road, Clarkston, MI 48348  
(248) 625-5885

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## APPOINTMENTS

- \* Due to many changes in insurance coverage it will be necessary to present your **insurance card** and **picture ID** at each appointment. Please note that due to thousands of insurance plans, you are responsible to understand your specific coverage.
- \* Please arrive at or before your scheduled appointment time or 15 minutes early if you are a new patient and need to complete paperwork. If you are unable to keep your appointment, we need at least a 24 hour notice. If you do not show for an appointment or you cancel your appointment within 24 hours, you will be charged a \$25.00 no show fee.

## PRESCRIPTIONS AND REFERRALS

- \* If you need a new prescription or a refill of your current medication, please allow the office two (2) days to process your request. All prescription requests need to be verified by your physician before they are filled.
- \* Please allow up to 5 business days for a referral and we will need the doctor's name and spelling, office phone number, fax number and date of appointment.

## MEDICAL RECORDS

- \* We must have a signed authorization by you to release your records and please allow fifteen (15) business days to process. Based on the guidelines set forth by state law, there may be a fee depending on the size of your medical record.

## PATIENT PORTAL

- \* M-15 utilizes a Patient Portal as a service to patients who wish to view parts of their medical records. Our portal uses encryption so that only the authorized person with the correct username and password can see the record. It is important that you inform us of any E-mail changes. By signing the agreement below, you understand the risks implemented by the portal.

## HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTIBILITY ACT OF 1996)

- \* Please carefully review the attached notice of M-15 Family Medical Center Privacy Policies and Practices. This notice describes how information may be used and disclosed and how you can get access to this information.

I acknowledge that I read and/or received a copy of the **M-15 Family Medical Center, P.C. Notice of Privacy Policy and Practices and the Office Policies**. I agree to the terms listed within.

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

# M-15 Family Medical Center, P.C.

## Billing Policy

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Insurance copayments will be collected on the date of service. If you are unable to pay your copayment today or any previous balances, you may need to reschedule your appointment. Patients without insurance must pay in advance of your appointment. For your convenience, our office accepts personal checks, Visa, MasterCard and cash.

Please remember your insurance policy is between you and your insurance company and not with the insurance company and your doctor. We will try to assist you when possible to understand your insurance, however, due to the variety of policies and constant changes, it is difficult for our office to interpret each individual policy. It is your responsibility to know the special terms, deductibles, and/or copayments of your insurance coverage. Failure to notify us may result in non-covered expenses which will be your responsibility.

I understand the billing procedures associated with this office and understand that additional charges may be incurred if I fail to comply. I understand that my insurance may pay less than expected and that I am responsible for non-covered services on my behalf or my dependents. I further authorize M-15 Family Medical Center, P.C. be allowed to release information regarding my treatment to the appropriate insurance company in order to receive payment.

I acknowledge that I read and/or received a copy of the **M-15 Family Medical Center, P.C. Billing Policies**. I agree to the terms listed within.

**PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

### INSURANCE INFORMATION:

**Primary Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ SS #: \_\_\_\_\_

**Second Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

(If applicable)

Policy Holder Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ SS #: \_\_\_\_\_

# **M-15 FAMILY MEDICAL CENTER, P.C.**

## **NOTICE OF PRIVACY POLICIES AND PRACTICES**

**DEAR PATIENT:**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY**

### **Introduction**

M-15 Family Medical Center is 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. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

### **Understanding Your Medical Record/Health Information**

Each time you visit M-15 Family Medical Center a record of your visit is made. Typically, this record contains information about your visit including examinations, diagnosis, test results, treatment as well as other pertinent healthcare data. This information, often referred to as your health or medical record, serves as a health care data. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication with other health professionals involved in your care
- 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 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 it's accuracy. Determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to others.

### **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.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

### **Our Responsibilities**

M-15 Family Medical Center 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.

# **M-15 FAMILY MEDICAL CENTER, P.C.**

## **NOTICE OF PRIVACY POLICIES AND PRACTICES**

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 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 after we have received a written revocation of the authorization according to the procedures included in the authorization.

### **How We May Use And/Or Disclose Your Health Information**

- We will use your health information for treatment.
- We will use your information for payment.
- We will use your information for regular health operations.
- We will use health information with Business Associates. Some examples of these are collection agencies, answering service and computer software/hardware providers.
- We will use your information when communicating with your family. If you have authorized them to receive this information.
- We will use your information with Healthcare Oversight. Federal law required us to release you 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.
- We may use you information for Public Health Reporting, as required by law.
- We may use your information for Law enforcement. This 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.
- We will use your information to make Appointment Reminder phone calls to you. If you don't approve of this method, please inform the practice of another manner in which they may contact you.
- Other uses and disclosures. Disclosure of your health information or it's 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 authorizations.

### **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 or M-15 Family Medical Center, please contact:

Office Manager  
7736 Ortonville Road  
Clarkston, MI 48348  
248-625-5885

If you believe that your privacy rights have been violated, please contact the aforementioned practice Privacy Official, or you may file a complaint with:

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

If you have any objections to the above please sent it in writing within 10 days.