

AFFORDABLE MEDICAL CLINIC
5553 HWY 90,
PACE FL, 32571
PHONE (850) 995-8811

AFFORDABLE MEDICAL CLINIC
5500 N DAVIS HWY STE # 2
PENSACOLA, FL 32503
(850) 475-0867

AFFORDABLE NIGHT CLINIC
5606 WOODBINE RD
PACE, FL 32571
(850) 995-6068

PATIENT INFORMATION

Name of Patient _____
Last First MI

Address _____ City _____ ST _____ ZIP _____

Home Phone #: _____ DOB: _____ Age: _____

Marital Status: S M D W Sex: M ___ F ___ SS# _____

EMAIL: _____

Employer: _____ Phone: _____

Employer Address: _____

Responsible Party Information

() Please check if this information is the same as the patient information

Name _____
Last First MI

Address _____ City _____ ST _____ ZIP _____

Home Phone #: _____ DOB: _____ Age: _____

Marital Status: S M D W Sex: M ___ F ___ SS# _____

EMAIL: _____

Employer: _____ Phone: _____

Employer Address: _____

Patient Referred By: _____

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Patient Name: _____ Date: _____
(Last, First, Middle Initial)

DOB: _____ SSN: _____

If patient is under 18 years of age or unable to comprehend responsible party:

Responsible Party's Name: _____
(Last, First, Middle Initial)

Relationship to Patient: _____

Emergency Contact _____

Please read the new patient information provided for you in the folders and sign bellow acknowledging you have read and understand them.

1 Consent To Treat/Privacy Act: I have read, understood and I agree

Signed: _____

2. HIPPA/NOTICE OF HEALTH INFORMATION PRACTICES

Signed: _____

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ATTENTION AFFORDABLE PATENTS:

PLEASE BE AWARE THAT THERE ARE TWO SEPARATE PRACTICES UNDER ONE ROOF. THE RATES, RULES, AND POLICIES OF EACH PRACTICE DIFFER FROM ONE ANOTHER.

DAVIS FAMILY PRACTICE/PEA RIDGE FAMILY CARE CENTER/WOODBINE NIGHT CLINIC IS PRIMARILY FOR INSURANCE PATIENTS. WE TAKE YOUR CO-PAY AND BILL YOUR INSURANCE AS A COURTESY FOR THE BALANCE. PLEASE BE AWARE THAT IF THERE IS A PROBLEM WITH YOUR INSURANCE YOU WILL BE BILLED FOR THE REMAINDER.

THE AFFORDABLE CLINIC IS FOR PATIENTS WITH NO INSURANCE. YOU PAY FOR THE VISIT UP FRONT AND NO FURTHER BILLING IS DONE.

NOTE THAT DUE TO THE FACT THAT THERE ARE TWO SEPARATE CLINICS RUNNING AT THE SAME TIME, ONE PRACTICE MAY BE MOVING FASTER ON ANY GIVEN DAY. THEREFORE, THERE MAY BE INSTANCES IN WHICH YOU ARE CALLED BACK AFTER SOMEONE WHO HASN'T BEEN WAITING AS LONG. REST ASSURED BOTH CLINICS WILL GET PATIENTS BACK IN THEIR CORRECT ORDER, ALTHOUGH AT TIMES THEY MOVE AT DIFFERENT PACES.

I UNDERSTAND THE ABOVE INFORMATION AND AGREE TO THE TERMS.

SIGN: _____ DATE: _____

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NEW PATIENT TREATMENT AND PRESCRIPTION POLICY

1. I understand that this practice will not treat me for the following conditions with narcotics drugs:

Chronic Pain (pain persisting for more than 90 days)

2. I understand that this practice will not prescribe me the following drugs or any drugs similar to them:

-OXYCONTIN
-DILOTID
-ROXICOTIN
-LORTABS, LORACET
-VICODIN
-STADOL
-XANAX
-KLONOPIN
-VALIUM
-NORCO
-LIBRIUM
-TRANSENE
-ATIVAN
-SOMA
-MS CONTIN
-PERCOCET
-PERCODAN
-METHADONE

IF YOU DO NOT AGREE WITH THE ABOVE POLICY, PLEASE SEEK MEDICAL CARE AT SOME ONTHER FACILITY.

AFTER READING THE ABOVE INFORMATION AND YOU STILL WANT TO BE SEEN BU THE PROVIDER (PHYSICIAN OR PHYSICIAN ASSISTANT) PLEASE NOTE THE FOLLOWING CAREFULLY AND SIGN YOU CONSENT TO US.

\$20 FROM ALL MONEY PAID AT TIME OF CHECK – IN WILL BECOME NON-REFUNDABLE AS PROCESSING FEE, ONCE THE PROVIDER HAS SEEN YOU.

SIGNATURE:_____ DATE:_____

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NOTICE OF HEALTH INFORMATION 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.

Understanding Your Health Record/Information

This notice describes the practices of PeaRidge Family Care Center, Inc. (DBA: PeaRidge Family Care Center, Davis Hwy Family Practice, and Woodbine Night Clinic) and that any physician with staff privileges with respect to your protected health information created while you are a patient at the Affordable Medical Clinic (DBA: Pea Ridge Affordable Medical Clinic, Davis Affordable Medical Clinic, and Woodbine Affordable Medical Clinic), physicians and personnel authorized to have access to your medical chart are subject to this notice. In addition Affordable Medical Clinic and Pea Ridge Family Care Center Inc and physicians may share medical information with each other for treatment, payment or health care operations described in this notice.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for the 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 our care;
- legal documents describing the care you received;
- means by which you or a third party payer can verify that services billed were actually provided;
- a tool in educating health professionals;
- a source of information for public health officials charged with improving the health of the nation;
- a source of data for facility planning and marketing;
- a tool with which we can assess and continually work to improve the care we render and the 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;
- make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45CFR164.522;
- obtain a paper copy of the notice of information practices upon request;
- inspect and copy your health record as provided for in 45 CFR164.524;
- amend your health record as provided in 45 CFR 164.526;
- 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;
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

This organization is required to:

- maintain the privacy of your health information;
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- abide by the terms if this notice;
- notify you if we are unable to agree to a requested restriction;
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We will not use or disclose our health information without your authorization, except as described in his notice.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Privacy Officers at the Affordable Medical Clinic (DBA: Pea Ridge Affordable Medical Clinic, Davis Affordable Medical Clinic, and Woodbine Affordable Medical Clinic). If you believe you privacy rights have been violated, you can file a complaint with Risk Management or with the Administration. There will be no retaliation for filing a complaint.

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NOTICE OF HEALTH INFORMATION PRACTICES

Example of Disclosures

For Treatment and Health Operations

We will use your health information for treatment.

For example: information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the action they took and their observations. In that way, the physician will know how you are responding to treatment.

We will use your health information for payment.

For example: A bill maybe sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for your regular health operations.

For example: 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 to assess the care and outcomes in your case and others like it. This information will then be used in as effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Notification: we may use or disclose to 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.

Research: we may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research. In some cases, research will be conducted through a limited data set of personal health information that we maintain for research and quality improvement purposes which excludes patient names and other identifying information.

Marketing: We may contact you to provide appointment reminders or information about treatment, alternative or other health-related benefits and services that may be of interest to you.

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.

Lawsuits and disputes: If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a subpoena, discovery request, administrative order, or other lawful process by someone else involved in the dispute, in accordance with applicable law.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with the 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; to report births or deaths; to report child or elderly abuse or neglect.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agent thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, court order, warrant, summons or similar process.

As required by law: We will disclose health information about you when required to do so by federal, state, or local law. **Health oversight activities:** we may disclose medical information to a health agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. Those activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Privacy Officer Numbers

(850) 995-8811

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(850) 478-2440