

Foot and Ankle Center
Aaron W. Perkins, Jr. DPM
1303 Sunset Drive Suite #6
Johnson City, TN 37604
(423)232-1771 or (423)929-2725
Fax (423)929-0328

Name _____

Address _____
City _____ State _____ Zip _____

Phone - Home _____ Cell _____

DOB ___/___/_____ SSN ___-___-_____

Marital Status S M D W

Family Doctor _____

Spouse/Guardian Name _____
Phone _____

Emergency Contact _____
Phone _____

Employer _____
Address _____
City _____ State _____ Zip _____
Phone _____

Insurance Company Name _____

Who is responsible for ths account?

Name _____
Address _____
Phone _____

PATIENT NAME _____ DATE _____

CIRCLE ALL THAT APPLY TO YOU

ALLERGIES

Demerol	Cephalosporin	Penicillin	No Known Allergies
Acetaminophen	Codeine	Shellfish	Other _____
Adhesive Tape	Iodine	Sulfa Drugs	_____
Aspirin	Morphine	X-Ray Dye	_____

MEDICATIONS YOU ARE TAKING

Albuterol	Depakote	Keflex	Phosphate
Allerhist-1	Effexor	Lamisil	Prevacid
Allopurinol	Elavil	Lanoxin	Prilosec
Ambien	Glucophage	Lasix	Regranex
Aspirin	Glucotrol	Levaquin	Relafen
Augmentin	Glyburide	Lipitor	Synthroid
Celebrex	Hydrocodone	Loprox	Please list all other meds:
Claritin	Hydroxyzine	Lortab 5/7.5/10	_____
Clindamycin	Hyzaar	Lotensin	_____
Coumadin	Ibuprofen	Naproxen	_____
Darvocet-N100	Insulin	Potassium	_____

PAST MEDICAL HISTORY

Alcoholism	Diverticulitis	Peripheral Vascular Disease	Splenectomy
Alzheimer's Disease	Gout	Phlebitis	STD
Anemia	Grave's Disease	Pneumonia	Stomach/Bowel
Anxiety Disorder	HIV/AIDS	Rheumatic Heart	Stroke
Arthritis	Hypertension	Sarcoidosis	Tinea
Asthma	Hyperthyroidism	Scleroderma	TMJ
Cancer	Lymphedema	Seizure Disorder	Tuberculosis
Cardiac Disease	Multiple Sclerosis	Shingles	Warts
Chickenpox	Murmer	Sickle Cell	Other _____
Depression	Osteoporosis	Skin Problems	_____
Diabetes	Parkinson's Disease	Sleep Apnea	_____

PAST SURGICAL HISTORY

Abortion	Carotid	Hammertoe	Tonsillectomy
Amputation of digit	Endarterectomy	Hemorrhoidectomy	Tubal Ligation
Angioplasty	Carpal Tunnel	Hernia Repair	Vascular
Appendectomy	Cholecystectomy	Hysterectomy	Wisdom Teeth Removal
Back Surgery	Colon Resection	Knee Surgery	Other _____
Bunionectomy	D & C	Thyroidectomy	_____

Are you pregnant? YES/NO Do you use tobacco? YES/NO
History of illegal drug use? YES/NO Do you use alcohol? YES/NO

Height _____ Weight _____ Shoe Size _____

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AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize my insurance company _____, to release any and all information regarding processing of my insurance claim, benefits, determination, collections of benefits, assessing claim status, or any information necessary to obtain payment for any medical services provided by Dr. Aaron Perkins.

Cardholder

Policy Holder

Policy Holder's Social Security Number

Policy Holder's Date of Birth

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I have been given the opportunity to review the Foot and Ankle Center Notice of Privacy Practices and understand that the Notice indicates how my protected health and information may be used and disclosed and how I may gain access to this information. I have also been given the opportunity to receive a copy of the Foot and Ankle Center Notice of Privacy Practices for further review.

By signing below, I agree to the above-mentioned statement.

Printed Name

Signature

(If Guardian, relationship to patient)

Date

How did you hear about our office? (please circle and name)

1. Newspaper
2. Radio ad
3. Television
4. Family doctor
5. Friend
6. Family member
7. Internet
8. Sign on building
9. Insurance company
10. Phone book
 - a. Embarq
 - b. Yellow book

NOTICE OF PRIVACY 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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 04/14/03, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information that we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Organizations Covered By This Notice

This notice applies to the privacy practices of the organizations listed below. These organizations may share your medical information with each other as needed for treatment, payment, health care operations, or for their performance improvement activities. If you receive services at one of the following hospitals or clinics, we may share information with the employees, medical staff or other practitioners at these hospitals or clinics as needed for treatment, payment, health care operations, or for the performance improvement activities for the hospital or clinic.

UNICOI COUNTY MEMORIAL HOSPITAL

JOHNSON CITY MEDICAL CENTER

JOHNSON CITY SPECIALTY HOSPITAL

EAST TENNESSEE AMBULATORY SURGERY CENTER

Uses and Disclosures of Medical Information

We use and disclose medical information about you for treatment, payment, and health care operations. For example:

Treatment: We may use your medical information to treat you or disclose your medical information to a physician or other health care provider providing treatment for you.

Payment: We may use and disclose your medical information to obtain payment for services we provide to you.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, and certification, licensing or credentialing activities.

To you and on Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for

any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

To Your Family and Friends: We must disclose your medical information to you, as described in the Individual Rights section of this notice. We may disclose your medical information to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so.

Appointment Reminders: We may use your medical information to contact you to provide appointment reminders.

Reschedule Appointments: We may use your medical information to contact you to reschedule appointments.

Lab Results: We may use your medical information to contact you regarding lab results.

Surgeries or Procedures: We may use your medical information to contact you to discuss scheduled surgeries or procedures.

Messages: We may use your medical information to contact you by telephone or other electronic means. At times it may be necessary that we leave a message on your voicemail or answering machine. However, you have the right to request that we contact you by alternate means. This request must be made in writing.

Persons Involved In Care: We may use or disclose medical information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, your location, your general condition, or death. If you are present, then prior to use or disclosure of your medical information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose protected health information based on a determination using our professional judgment disclosing only protected health information that is directly relevant to the

person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of medical information.

Disaster Relief: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Marketing Health Related Services: We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities.

Research: We may use or disclose your medical information for research purposes in limited circumstances.

Death and Organ Donation: We may disclose the medical information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

Required by Law: We may use or disclose your medical information when we are required to do so by federal, state, or local law. For example, we must disclose your medical information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your medical information when authorized by workers' compensation or similar laws. We may disclose your medical information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

Law Enforcement: We may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your medical information to law enforcement officials. We may disclose limited

information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim, or missing person. We may disclose the medical information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

Abuse or Neglect: We may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your medical information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. We may disclose medical

information when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

National Security: We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials medical information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or individual under certain circumstances.

Individual Rights

Access: You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format your request unless we cannot practicably do so. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations, or pursuant to an authorization and certain other activities since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a

request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. We must accommodate your request if it is reasonable, specifies the alternative means or location, and provides satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains unavailable or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you want amended. If we accept your request to amend the information, we will make reasonable

efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or alternative locations,

you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information

Attention: Privacy Officer

Contact Office: Foot and Ankle Center

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