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#### New Patient Paperwork

Name:	DOB <u>:</u>	/		
Address:				
SSN#				
Telephone: (Home)				
Primary Care Physician: (Please provide accurate name for insurance pu	rposes)			
Date of last visit with PCP:	/ /			
Name of Insurance:				
Name of Insured:				
Emergency Contact:				
Emergency Contact Phone Number:				
We'd love to know how you heard about us! ©				
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	ess <u>:</u>
Phone	e Number <u>:</u>
	<u>HISTORY</u>
Are y	ou allergic to any medication?
	prescription medications are you currently taking?  list with dosage amounts:
Are y	ou a smoker? (Please circle) YES / NO
•	ou drink alcohol? (Please Circle) YES / NO often do you consume alcohol?
Name If you	ou Diabetic? (Please circle) YES / NO e of Physician that diagnosed you: a are, have you received a pair of diabetic shoes within the 2 (TWELVE) MONTHS? YES / NO
What	brings you into our office today?

### EAST TEXAS FOOT AND ANKLE CENTERS HIPAA POLICY

The Health Insurance Portability and Accountability Act of 1996 was enacted to make health insurance more "portable" from one employer to another. The law mandates procedures for both new hires and for existing employees who are leaving the company. Employees who are new to a company can use evidence of previous health care coverage that is provided by their former employer to reduce or eliminate the new employer's preexisting condition requirements. Employees who are leaving a company must be provided a certificate of prior creditable health care coverage to use for this purpose. The law includes other provisions regarding restrictions on preexisting conditions, special enrollment rights and protections against discrimination.

Penalties for noncompliance: \$100 per day for each affected employee. Enforcement actions against non-complying plans may be brought both by participants and by the Department of Labor.

Note: Final HIPAA Privacy Rules were published on August 14, 2002. HIPAA rules now require employers who are subject to the regulations to review and update current policies and procedures to ensure they are compliant under the new Rule by April 14, 2003. Small health plans have been given an additional 1 year to comply and will be required to have procedures in place to ensure compliance no later than April 14, 2004.

Employers who are subject to the Rule are required to provide a notice of the patient's privacy rights as well as a notice of the privacy practices of a covered entity. Providers who are providing treatment to patients must make a good faith effort to obtain the patient's written acknowledgment of the notice. The final Rule eliminates mandatory consent requirements which prevent the patient's access to health care. Additional information on the Final HIPAA Privacy Rules can be viewed on the Department of Health and Human Services site at <a href="http://www.hhs.gov/news/press/2002pres/20020809.html">http://www.hhs.gov/news/press/2002pres/20020809.html</a>.

## EAST TEXAS FOOT AND ANKLE CENTERS HIPAA POLICY

The Health Insurance Portability and Accountability Act (HIPAA) is a federal government regulation designed to ensure that you are aware of your privacy rights and how your medical information can be used by our staff in providing and arranging your medical care.

Upon request, East Texas Foot and Ankle Centers is furnishing you with an attached notice, which provides information about how we may use or disclose protected health information about your for treatment, payment, healthcare operations and as otherwise allowed by law.

Please mark below for release of information concerning your healthcare:

Release information ONLY to me	YES / NO
Release information to Spouse	YES / NO
→Spouse's Name:	
Release of information to other individual →Name:	YES / NO
→Relationship:	-
→Phone Number:	-
May we leave detailed information on your May we leave appointment reminders on your	
By signing this form, you acknowledge that regarding the release of your individual hea	
SIGNATURE OF PATIENT, PARENT, OR LEGAL GUARDIAN	DATE
PATIENT NAME	-
WITNESS (OFFICE PERSONNEL)	-

# EAST TEXAS FOOT AND ANKLE CENTERS Financial Responsibility

As a patient of East Texas Foot and Ankle Centers I understand that payments are to be made directly to the physician for surgical and/or medical benefits from my insurance company. I understand that any balance remaining from this portion of my bill not covered by insurance will be my responsibility. I understand that East Texas Foot and Ankle Centers does have a 24 hour cancellation policy in effect, contact with East Texas Foot and Ankle Centers office within 24 hours of appointment is required or patient will be responsible for 40 dollar no call no show fee. Patient also understands that East Texas Foot and Ankle Centers has a 35.00 NSF returned check fee on all returned checks.

Please sign below stating that you do fully understand East Texas Foot and Ankle Centers financial policy.

Signature of Patient