

Borland-Groover Clinic

Excellence in Digestive Health

PATIENTS NAME: _____

DATE: _____

PEDIATRIC PERSONAL HISTORY:

Place of Birth State: _____ Country: _____ Hospital: _____

Birth Weight: _____ Gestational Weeks: _____ Full Term or Pre Term

Delivery: C-section or Normal Vaginal How Long in Hospital After Delivery: _____

Breast Fed or Formula Fed Are Vaccinations Up to Date? Yes Or No

Surgeries: _____ Hospitalizations: _____ Blood Transfusions: _____

Childs Last Menstrual Cycle: _____ (if female child)

Grade child is currently in: _____

History of:

(check all that apply)

Asthma _____ Heart Problems _____ Seizures _____ Other _____

Family History:

Mothers Age: _____ Fathers Age: _____

Siblings: Brothers: _____ Ages: _____, _____, _____, _____, _____

Sisters: _____ Ages: _____, _____, _____, _____, _____

Family History of:

Colon CA _____ Colon Polyps _____ Colitis _____ Crohns _____ Liver Disease _____

Irritable Bowel Syndrome _____ Stomach Ulcers _____ Reflux _____ Other: _____

CURRENT MEDICATION LIST

ALLERGIES: _____

LIST MEDICATIONS AND DOSAGE

PLEASE INCLUDE OTC & HERBAL	Leave Blank for Nurse to Complete These Columns Below						
	▼			▼			▼

Borland-Groover Clinic Financial Policy

It is the policy of Borland-Groover Clinic to provide our patients with access to the highest quality gastroenterological care available. In order for us to do so, we must ensure that we are able to meet our operational expenses. We ask that you read, understand, and sign our Financial Policy prior to receiving treatment.

PAYMENT AT TIME OF SERVICE

As a courtesy, we will bill your insurance for all services; however, we ask that you pay any portion of your costs not covered by your insurance due to deductibles, co-insurances or co-payments on the day of service. Billing for these items is not only costly, but our statements often go unpaid. This results in increased costs to both you and our other patients.

SUBMISSION OF CLAIMS

Your health insurance plan is a contract between you and your insurer. Although we file insurance claims as a courtesy to you, charges not paid by your insurance company are your responsibility. Working together, we can resolve most insurance issues in a mutually acceptable manner; nevertheless, it is the patient's responsibility to understand his or her policy limitations. In the event your health insurance determines that they will not cover a service that you have received, you will be responsible for payment.

OUTSTANDING BALANCES

We urge you to keep your account current to avoid any misunderstandings with our office. When an account balance becomes more than 90 days past due, it will be referred to an outside collection agency. At that time, any additional fees incurred on the account will be the responsibility of the patient. If you need to make special payment arrangements, it is your responsibility to contact one of our financial counselors before your account is sent to an agency. Minimum monthly payment arrangements may be made for no less than \$50.00 unless approved by the Director of Finance. As a last resort, patients who fail to make payments could be terminated from the practice.

PAYMENT OPTIONS

You will receive monthly statements. The amount shown in the "PLEASE PAY THIS AMOUNT" box is your financial obligation. It is due and payable upon receipt. For your convenience, we accept payment in the form of cash or check and from Visa, MasterCard, American Express and Discover. Payments may be made on our website at www.borland-groover.com, called in at (904) 398-2183, or mailed to 4800 Belfort Road, Jacksonville, Florida 32256.

CHARITY CARE

Our financial counselors are available to assist our patients in applying to receive charity care. This may be available for those who earn up to 200% of Federal Poverty Guidelines.

RETURN CHECK, NSF, CLOSED ACCOUNTS

Payments made to Borland Groover Clinic that are not honored by the bank will incur a return check fee of \$50.00. If failure to pay check and fee within 15 days of receiving return check notice from Borland Groover Clinic account will be turned over to the State Attorney's office.

Patient Name

Patient Signature

Date

By signing above, you agree to all the terms and conditions contained herein.

Borland-Groover Clinic

— Notice of Privacy Policy —

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.

Borland-Groover Clinic

Acknowledgement of Receipt of Privacy Policy

We are required by law to provide you with our Notice of Privacy Practices. To ensure that our records are accurate, please sign this form and return it to our receptionist to acknowledge that you have been provided with a copy of our notice.

I acknowledge receipt of Borland-Groover Clinic's Notice of Privacy Practices.

I hereby authorize Borland-Groover Clinic to share and/or discuss my medical information with the following individuals (family and/or friends):

1. _____ 2. _____

Patient's Signature

Date

Patient's Name (please print)

Introduction

At Borland-Groover Clinic, we are committed to treating and using protected health information about you responsibly. This notice of health information practices 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 is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Borland-Groover Clinic, a record of your visit is made. Typically, this record contains your symptoms, examination notes, test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning our care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- Tool in educating health professionals,
- Source of data for medical research,
- Source of data for our planning and marketing, and
- Tool with which we can access and improve the care we tender 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; and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Borland-Groover Clinic, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.524,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.538,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Borland-Groover Clinic 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, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practice change, we will mail a revised notice to the address you've supplied us, or, if you agree, we will mail the revised notice to you.

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 the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our Privacy Officer, Vicki King at (904) 398-3262.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer, or with the Office for Civil Rights. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

**Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201**

Examples of Disclosures for Treatment, Payment and Health Operations (TPO)

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded 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 health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from the hospital.

We will use your health information for payment.

For example: A bill may be 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 normal 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 an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our practice through contacts with business associates. Examples include physician services in the emergency department, radiology, and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services

rendered. To protect your health information, we require our business associate to safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person designated for your care.

Communication from offices We may call your home or other designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO such as appointment reminders, insurance items, and any other call pertaining to your medical care. We may mail to your home or other designated location any items that assist the practice in carrying out TPO such as appointment reminder cards and patient statements. We may e-mail to your home or other designated location any items that assist the practice in carrying out TPO such as appointment reminder cards and patient statements.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other you identify, health information relevant to that person's involvement in your care or payment of your care.

Open treatment areas: Patient care is sometimes provided in an open treatment area. While special care is taken to maintain patient privacy, some patient information may be overheard by others while receiving treatment. Should you be uncomfortable with this, please bring this to the attention of our Privacy Officer.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has received the research proposal and established protocols to ensure the privacy of your health information.

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

Fundraising: We may contact you as part of a fundraising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, or product and produce defects. We may also disclose post-marketing surveillance information to enable product recalls, repair, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other 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.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

**IF YOU HAVE QUESTIONS REGARDING
THIS POLICY, PLEASE CONTACT THE
PRIVACY OFFICER**