Jamie L. Matteo, DPM, Inc. Today's Date _____

PATIENT NAME: _____
Last First Initial

***If Child/Dependent:** Parent's Name:_____Phone#_____

Street Address: _____

City: _____ State: _____Zip: _____

Home Phone: _____ Cell Phone: _____ Social Security #:_____

Marital Status: _____ Age: _____ Birthday: _____ Sex: M / F

Height: _____ Weight: _____ Shoe Size: _____

EMPLOYER: _____ Occupation:_____

Business Address: _____ Business Phone: _____

Would you like access to your personal health record online? Y/N E-mail address: _____

Would you like email appointment reminders? Y/N Would you like text reminders? Y/N

Would you like voicemail left from our office? Y/N Would you like automated voice messages? Y/N

PRIMARY INSURANCE: _____**ADD'L INSURANCE:**_____
NAME:
SELF SPOUSE PARENT (CIRCLE ONE)

Insured's Employer:_____

If Spouse: Spouse's Name:_____Date of Birth:_____Soc Sec#_____

If parent: Parent's Name:_____Date of Birth:_____Soc Sec#_____

EMERGENCY CONTACT NAME: _____

Relationship: _____ Phone number: _____

May we talk to this person regarding your medical concerns if we cannot reach you? Y / N

PRIMARY CARE DOCTOR: _____ Date Last Seen: _____

Whom may we thank for referring you? _____

AGREEMENT AND RELEASE:
I, the undersigned, certify that I (or my dependent) have current insurance coverage with the above carriers and assign directly to Jamie L. Matteo, DPM, Inc. all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure payment of benefits. I authorize the use of this signature on all insurance submissions. I authorize Jamie L. Matteo DPM, Inc. to administer such treatments and perform such procedures necessary or advisable in the diagnosis and treatment of the undersigned or designated patient. I have received my HIPAA Privacy Policy and understand my rights.

_____
Responsible Party Signature Relationship Date

Dr. Jamie L. Matteo, DPM

Personal Health Information

Briefly describe your foot problem(s): _____

_____

Please check all of the following that YOU currently have or have ever had (please complete all boxes):

	Yes	No
Diabetes		
Heart Disease		
High Blood Pressure		
Stroke		
Vision Problems		
Kidney Disease		
Bleeding Problems		

	Yes	No
Anemia		
Phlebitis		
Hepatitis		
Asthma/COPD		
HIV/AIDS		
GI Ulcer		
Cancer		

	Yes	No
Rheumatic Fever		
Rheumatoid Arthritis		
Gout		
Epilepsy		
Thyroid Problems		
Liver Disease		
Heart Murmur		

Other: _____

List Current Medications & Dosage (If you have a list we will copy it for your records): _____

_____

Pharmacy that you use:_____Location:_____

Allergies to: Medications:_____

Latex: Y / N Tape: Y / N Contrast Dye: Y / N Seafood: Y / N

What was your reaction? _____ (mild/moderate/severe) circle one

Please check all of the following that apply:

Smoke? Y / N How many packs per day? _____ How many years? _____

Alcohol? Y / N How many drinks per day? _____ How many years? _____

Drug use? Y / N If yes, what type? _____

Past Surgeries and Hospitalizations: _____

_____

Family History: (Please indicate Father or Mother)

Diabetes:_____ High Blood Pressure: _____ Heart Disease: _____

Circulation Problems: _____ Cancer: _____ Kidney Disease: _____

Employment: Sit at job? Y / N Stand at job? Y / N Stand and walk at job? Y / N

JAMIE L. MATTEO DPM INC
OFFICE POLICIES

- Two No call/No show appointments in a row result in no more appointments at our office.
- Repeat cancellation or rescheduling may result in no more appointments at our office.
- If you are **10 minutes late** for your appointment, you will have to reschedule. It is unfair to
  patients that show up on time to have to wait on patients that are late.
- Bounced checks will be charged a fee.
- If you have a balance with our office and can 't pay in full, please talk to the Office manager to make payment arrangements. If after **three statements** mailed and no payments, the account will be turned over for collection.
- Doors are locked from 12:00 p.m. - 1:00 p.m. for lunch for the staff. If you are calling the office during these hours, please leave a message and we will get back with you.

I _____understand the above policies.

_____

Date

A Caring Podiatrist, Inc.

IMPORTANT: 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.

A Caring Podiatrist, Inc. is required by law to protect certain aspects of your health care information known as Protected Health Information or PHI and to provide you with this Notice of Privacy Practices.

This Notice describes our privacy practices, your legal rights, and lets you know, how A Caring Podiatrist, Inc. is permitted to:

- Use and disclose PHI about you
- How you can access and copy that information
- How you may request amendment of that information
- How you may request restrictions on our use and disclosure of your PHI. In most situations we may use this information described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so. We respect your privacy, and treat all health care information about our patients with care under strict policies of confidentiality that all of our staff are committed to following at all times.

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.

Purpose of this Notice: This Notice describes your legal rights, advises you of our privacy practices, and lets you know how A Caring Podiatrist, Inc. is permitted to use and disclose Protected Health Information (PHI) about you.

Uses and Disclosures of PHI: A Caring Podiatrist, Inc. may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission.

Examples of our use of your PHI:

For treatment. This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

For payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For health care operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our

standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes.

Use and Disclosure of PHI Without Your Authorization. A Caring Podiatrist, Inc. is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

· For A Caring Podiatrist, Inc.'s use in treating you or in obtaining payment for services provided to you or in other health care operations;
· For the treatment activities of another health care provider;
· To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
· To another health care provider (such as the hospital to which you are transported or First Responder Agencies) for the health care operations activities of the covered entity that receives the information as long as the covered entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
· For health care fraud and abuse detection or for activities related to compliance with the law;
· To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew;
·To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law;
· For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
· For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
· For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
· For military, national defense and security and other special government functions;
· To avert a serious threat to the health and safety of a person or the public at large;

· For workers' compensation purposes, and in compliance with workers' compensation laws;
· To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
· If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). **You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information based upon that authorization.**

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to access, copy or inspect your PHI. This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

We have forms available for you to request access to your PHI. We will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy officer liaison listed at the end of this Notice.

The right to amend your PHI. The right to request amending your PHI. You have the right to ask us to amend written medical information that we may have about you. If errors are found, we will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information, but only in certain circumstances. For example, if we believe the information is correct and no errors exist, your request will be denied. If you wish to request that we amend the medical information that we have about you, you should contact in writing the privacy officer listed at the end of this Notice.

The right to request an accounting of our use and disclosure of your PHI. You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, such as our billing company or a medical facility from/to which we have transported you.

We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the

privacy officer listed at the end of this Notice.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. However, if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. South County Foot & Ankle, Inc. is not required to agree to any restrictions you request, but any restrictions agreed to by South County Foot & Ankle, Inc. are binding on South County Foot & Ankle, Inc.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request. If we maintain a web site, we will prominently post a copy of this

Notice on our web site and make the Notice available electronically through the web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice: A Caring Podiatrist, Inc. reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one.

Your Legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to the privacy officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

Effective Date of the Notice:
07/01/2015