

Patient Registration & Health History Form

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Mailing Address: _____
No. Street Apt/Suite
City State Zip Code

Home /Cell Phone: _____ Email: _____

Vision Insurance: _____ Insurance Number/Last 4 of SSN: _____

Occupation: _____

What is the main reason for today's visit? _____

Date of last eye exam: _____ How old are your current glasses? _____

Do you currently wear contact lenses? Yes No
If yes, are your contact lenses hard or soft? Hard Soft
Do you sleep in your contact lenses? Yes No Sometimes
What is your contact lens replacement schedule? 1 Day 2 weeks
 1 Month 1 year other _____

Have <u>YOU</u> ever had, or were diagnosed with, any of the following?	YES	NO	Does anyone in your immediate <u>FAMILY</u> have any of the following?	YES	NO
Eye Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
Eye Injury or Trauma	<input type="checkbox"/>	<input type="checkbox"/>	Macular Degeneration	<input type="checkbox"/>	<input type="checkbox"/>
Eye Disease	<input type="checkbox"/>	<input type="checkbox"/>	Blindness	<input type="checkbox"/>	<input type="checkbox"/>
Lazy/Turned Eye	<input type="checkbox"/>	<input type="checkbox"/>	Cataract	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Color Vision Defect	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>

Are you allergic to any medications? _____

Are you currently taking any medications? _____

Are you using any eye drops? _____

Do you wish to have your eyes dilated today? Yes No

Patient's Signature: _____ Date: _____

Carenet PDX, LLC
Notice of Privacy Practice

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

Permitted Uses and Disclosures

This notice explains the ways that we may use and disclose your protected health information and your rights as a patient concerning your protected health information. "Protected Health Information" (PHI) is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present, and future physical or mental health condition, the provision of health care to you, or the payment for that care. The types of uses and disclosures of your protected health information that we may make without your authorization include the following:

***Treatment.** We may use and disclose your protected health information to assist your vision care providers (ophthalmologists, opticians, optometrists) in the delivery of your eye care services. For example, we are permitted to disclose your protected health information to participating providers for eligibility verification of covered benefits.

***Payment.** We may use and disclose your protected health information in order to receive payments for your covered vision benefits. For example, we may use your protected health information to process claims or be reimbursed by another insurer or health plan that may be responsible for payment.

***Health Care Operations.** We may use and disclose your protected health information in order to administer your vision plan. An example of these activities includes: quality assurance, data management and customer service.

***Enrolled Dependents and Family Members.** We may mail benefit information and other mailings containing protected health information to the address we have on record for the enrollee of the vision plan.

Other Permitted or Required Disclosures

***As Required by Law.** We must disclose protected health information about you when required to do so by law.

***Health Oversight Activities.** We may disclose protected health information to government oversight agencies (i.e.; state insurance departments) for activities authorized by law.

***Judicial and Administrative Proceedings.** We may disclose protected health information in response to a court or administrative order. We may also disclose protected health information about you in certain cases in response to a subpoena, discovery request, or other lawful process.

***Law Enforcement.** We may disclose protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.

***Special Government Functions.** We may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.

Individual Rights

You, as a patient, have the following rights with respect to your protected health information maintained by Carenet PDX, LLC;

***Right to Access Your Protected Health Information.** You have the right to review or obtain copies of your protected health information records with some limited exceptions. Usually the records include enrollment and claims records. Your requests to review and/or obtain copies of your records must be made in writing and we may charge a fee for a cost of producing, copying, and mailing your requested information, but we will tell you in advance.

***Right to Amend Your Protected Health Information.** If you feel that the protected health information maintained by Carenet PDX, LLC is incorrect or incomplete, you may request that we amend the information. Your request must be submitted in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to amend information that was not created by us or you ask to amend a record that is already accurate and complete.

***Right to Accounting of Disclosures.** You have a right to request an accounting of disclosures of your protected health information made by Carenet PDX, LLC or its participating providers. Your request must be in writing and state the period of time for which you want the accounting. The requested period of time may not be longer than six (6) years prior to the date of the request. The list will not include disclosures to carry out treatment, payment, and health care operations and to individuals about themselves, and disclosures made before the Privacy Rules compliance date (April 14, 2003)

***Right to Request a Restriction on Uses & Disclosures of Your Protected Health Information.** You have the right to request a restriction on the uses and disclosures of your protected health information that pertains to treatment, payment, & health care operations and/or to request the restriction of disclosure to a family member, other relative, or a close personal friend. Carenet PDX, LLC is not required to agree to a requested restriction. All requests will be considered but may be declined if it would inhibit our ability to administer your vision plan.

***Right to Receive Confidential Communications.** You have a right to request confidential communications from Carenet PDX, LLC, or its participating providers by reasonable alternative means or at reasonable alternative locations. We will accommodate all reasonable written requests, if possible.

***Right to Receive a Paper Copy of this Notice from Carenet PDX, LLC upon request.** You have a right at any time to request a paper copy of this Notice.

Duties of Carenet PDX, LLC.

*Carenet PDX, LLC abides by the terms of the Notice of Privacy Practices currently in effect. Carenet PDX, LLC reserves the right to change the terms of its Notice and to make the new Notice provisions effected for all protected health information that it maintains. A revised Notice will be made available upon request by calling 503-232-1958

*Carenet PDX, LLC requires its employees to follow security procedures that limit access to your protected health information to those employees who need it to perform their job responsibilities. In addition, Carenet PDX, LLC maintains physical, administrative, and technical security measures to safeguard your protected health information.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with Carenet PDX, LLC and/or with the Secretary of the Department of Health and Human Services. All complaints to Carenet PDX, LLC must be made in writing and sent to the address stated below.

Contact

To exercise any of the rights explained above, please contact Carenet PDX, LLC in writing at 2460 E Burnside St. Portland, OR 97214 or call 503-232-1958

Signature: _____ Date: _____