Smith Hearing Healthcare, P.L.L.C.
3400 New Hartford Road, Ste. C
Owensboro, KY 42303
phone: (270) 683-1600
fax: (270) 683-1683

Patient Registration Form

Patient Name: _____ Date: _____

Address: _____City: _____ ST: _____Zip: _____

Date of Birth: _____ Age: _____ Sex: M____F____ Marital Status: M_____S____W____D_____

Social Security #: _____-____-_____ Occupation: _____ Employer: _____

Primary Insurance:_____ Secondary Insurance: _____

Primary Care Physician: _____ Spouse's Name: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Full Name of Responsible Party if Patient is a Minor: _____

Where do you prefer to receive calls? (check all that apply)

_____ Home (____) _____ Okay to leave message? _____ Yes _____ No
_____ Work (____) _____ Okay to leave message? _____ Yes_____ No
_____ Cell (____) _____ Okay to leave message? _____ Yes_____ No

How did you hear about us? (check all that apply) ☐ Newspaper ☐ TV ☐ Mailing ☐ Internet

☐ Physician_____ ☐ Friend/Family_____ ☐ Other _____

Please Answer the Following Questions: (circle or fill in the blank)

How can we help you? _____

How long have you had this problem?_____ Did the problem begin suddenly or gradually? _____
Have you ever worn hearing aids? _____ Do you need them? _____

Have you had surgery on one or both ears?.....	Right	Left	Both	
Do you have ear pain, drainage, or fullness?.....	Right	Left	Both	
Do you hear noises in your ears or head?.....	Right	Left	Both	Head
Are you experiencing hearing loss in one or both ears?.....	Right	Left	Both	
Do you hear better out of one ear than the other?.....	Right	Left	Unknown	
Do you have difficulty hearing on the telephone?.....	Yes	No		
Do you have difficulty hearing in group situations?.....	Yes	No		
Do you have trouble with dizziness, light headedness or loss of balance?.....	Yes	No		
Have you been treated with chemotherapy?.....	Yes	No		
Have you been exposed to high levels of noise? Or military experience?.....	Yes	No		

Are you diabetic? _____ Do you have any allergies?_____

I hereby consent to Smith Hearing Healthcare using or disclosing my Protected Health Information for the purpose of providing treatment to me, obtaining payment for health services rendered to me or to carry out the Practice's health care operations. I understand that I have the right to revoke this consent in writing, except to the extent that the Practice has taken action in reliance on this consent.

We will be happy to assist you with filing your insurance, however, you remain ultimately responsible for payment. Please check with your insurance carrier to see if they require a second opinion or pre-certification. If one is required and not obtained, you could be denied coverage and therefore responsible for your bill. A claim will be filed with your health benefits carrier and you will be notified when payment has been received. Payment in full of any deductible or co-insurance will be expected within ten (10) days of that notice, if not previously collected. If no payment is received from your insurance carrier within forty-five (45) days, then the balance is due and payable by you.

_____ _____
Patient/Guardian Signature Date

Smith Hearing Healthcare, P.L.L.C.
3400 New Hartford Road, Ste. B
Owensboro, KY 42303
(270)

Authorization for Release of Medical Records

Patient Name _____ Date of Birth _____

Social Security Number _____ Phone Number _____

Address _____

City, State, Zip Code _____

I hereby request _____
(name of facility)

to release of all my medical records including audiological testing etc. to:

Smith Hearing Healthcare
3400 New Hartford Road, Suite B
Owensboro, KY 42303

_____ _____
Patient/Guardian Signature Date

_____ _____
Witness Date

Smith Hearing Healthcare, PLLC
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.

Smith Hearing Healthcare, PLLC is required by law to maintain the privacy of protected health information (PHI) and to provide individuals with notice of its legal duties and privacy practices with respect to PHI.

This Notice describes how we may use or disclose your PHI for various purposes. It also describes your rights to access and control your PHI. Protected Health Information (PHI) is information about you that may identify you and relates to your past, present or future physical or mental health or condition and related health services. **Smith Hearing Healthcare, P.L.L.C.** is required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. Upon your request, we will provide you with any revised Notice of Privacy Practices by contacting **Smith Hearing Healthcare, P.L.L.C.,** HIPPA Privacy Officer, V. Suzanne Smith, 3400 New Hartford Road, Ste. C, Owensboro, KY 42303.

Uses and Disclosures of Protected Health Information for Treatment, Payment and Health Care Operations

Our PHI may be used and disclosed by your audiologist, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of this practice and/or healthcare operations.

The following are examples of the types of uses and disclosures of your PHI that the practice is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to you PHI. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose PHI to their physicians who may be treating you. For example, you PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose you PHI form time-to-time to a physician or health care provider who, at the request of your physician, becomes involved in your care by providing assistance with you health care diagnosis or treatment to your physician. Finally we may use and disclose PHI for the treatment activities of another health are entity or provider.

Payment: Your PHI will be used, as needed, to obtain payment for you health care services. This may include certain activities that you health insurance plan may undertake before it approves or pays for the health are service we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing series provided to you for medical necessity, and undertaking utilization review activities. We may also use and disclose PHI for the payment activities of another health care entity or provider.

Healthcare Operations: We may use or disclose, as-needed, your PHI in order to support the business activities of this practice. These activities include, bur are not limited to, quality assessment activities, employee review activities, training of professional students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, we may disclose your PHI to medical school students that see patients in our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate who you are seeing. We may also call you by name in the waiting room when you are ready to be seen by your care provider. We may use or disclose your PHI, as necessary, to contact you to confirm your appointment. In addition, we may use or disclose your PHI to another entity in order for that entity to conduct specific health care operations, which include quality assessment activities and reviewing the competence of health care professionals.

We will share your PHI with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our HIPPA Officer to request that these materials not be sent to you.

Uses and Disclosures That May Be Made With Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as describe below. You may revoke such an authorization, at any time, in writing, except to the extent that your physician or the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Uses And Disclosures That May Be Made Unless You Object

We may also use and disclose your PHI in the following instances. In these instances, you have the opportunity to agree or object to the use or disclosure of all or part of you PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in you best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, you PHI that directly relates to that person's involvement in you health are. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of you location, general condition or death.

Disaster Relief: We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose you PHI in the following situations without your authorization. These situations include:

Required by Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose you PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose you PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your PHI, as authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your PHI to public officials who are authorized by law to receive reports of abuse, neglect or domestic violence.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic produce deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose your PHI for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) requests for limited information for identification and location purposes, (3) requests pertaining to victims of a crime, and (4) alerting law enforcement officials when (a) there is a suspicion that death has occurred a s a result of criminal conduct (b) in the event that a crime occurs on the Practice's premises, or (c) a medical emergency exists (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose you PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director to carry out their duties authorized by law. We may also disclose such information in reasonable anticipation of death. Your PHI may be used and disclosed for cadaver organ, eye or tissue donation purposes.

Threatening Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Research: We may disclose your PHI to researchers when their research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) for foreign military authority if you are a member of that foreign military services. We may also disclose you PHI to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release you PHI to the correctional institution or law enforcement official.

Your Rights Regarding Your Protected Health Information (PHI)

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the privacy standards applicable to your PHI.

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

- You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that the practice uses for making decisions about you. Under federal law, however, you may not inspect or coy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our HIPAA Officer if you have questions regarding access to your medical record.
- You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that nay part of your PHI not be disclosed to family members or friends who may be involved in your care or for notifications purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your healthcare provider is not required to agree to a restriction that you may request. If your healthcare provider does agree to the requested restriction, we nay not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your healthcare provider. You must request the restriction in writing.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation b asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as o the basis for the request. Please make this request in writing to our HIPAA Officer.
- You may have the right to have your healthcare provider amend you PHI. This means you may request and amendment of PHI about you in a designated record se for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our HIPPA Officer to determine if you have questions about amending your medical record.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for this Notice of Privacy Practices, as well as disclosures made pursuant to your authorization. It also excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Making a Complaint

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our HIPAA Officer. We will not retaliate against you for filing a complaint. You may contact our HIPPA Officer, V. Suzanne Smith at (270) 683-1600 or 3400 New Hartford Road, Ste. C, Owensboro, KY 42303 for further information about the complaint process.

This notice was published and becomes effective on April 1, 2012.

The "Red Flags" Rule: In order to comply with the Federal Trade Commission's implementation of the Fair and Accurate Credit Transactions (FACT) Act of 2003 (16 CFR $ 681.2), Smith Hearing Healthcare, P.L.L.C. as of April 1, 2012 will require:

1. All new patients to submit a valid photo identification issued by a local, state, or federal government agency for the visit and to be copied for the Practice's record (e.g. driver's license, passport, military ID, etc.)

   In the case where a new patient doesn't have a valid photo ID, two forms of non-photo ID, one of which is issued by a state or federal agency, will be obtained (e.g. birth certificate, Social Security card, voters registration card, lawful permanent residence card or "Green Card" etc.)
2. All existing patients to have their identification verified at each visit or before giving out personal information by matching photo identification to the one on record.

We appreciate your cooperation in complying with this legislation.

Smith Hearing Healthcare, P.L.L.C.
3400 New Hartford Road, Ste. C
Owensboro, KY 42303
(270) 683-1600

Patient Identification:

Name: _____ Date of Birth:_____

I acknowledge that Smith Hearing Healthcare has offered me a copy of its Notice of Privacy Practices, which provides a detailed description of the uses and disclosures allowed, as well as other rights I have regarding my Protected Health Information; also Smith Hearing Healthcare has informed me of the "Red Flag" rule and what is required of me in order to be compliant with this legislation.

Communication with Family and Others Involved in My Care

Please list any family members or others who may be involved in coordinating your care or payment for care. Also, indicate what kind of information may be shared with each individual.

Name	Relationship to Patient	Type of Information			
		All	Appt.	Medical	Billing/ Insurance
_____	_____	☐	☐	☐	☐
_____	_____	☐	☐	☐	☐
_____	_____	☐	☐	☐	☐
_____	_____	☐	☐	☐	☐

Specific instructions or limitations:_____
_____

We will continue to rely on the information on this form when communicating with family members or others involved in your care unless you request changes. Please promptly notify our office if you wish to alter the designations above.

Signature of Patient:_____ Date:_____

To revoke this authorization, please send a written request to the address below:

Smith Hearing Healthcare, PLLC
3400 New Hartford Road Ste. C
Owensboro, KY 42303