

LAST _____ FIRST _____ MI _____
DOB _____ AGE _____ SOCIAL SECURITY # _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
EMPLOYER NAME _____ MARTIAL STATUS: S M D W

SPOUSE INFORMATION (IF PATIENT IS A MINOR, RESPONSIBLE PARTY INFORMATION)

NAME _____ SOCIAL SECURITY # _____
EMPLOYER NAME _____ PHONE _____

INSURANCE INFORMATION

PRIMARY INSURANCE

SECONDARY INSURANCE

INSURANCE CO. NAME _____	INSURANCE CO. NAME _____
POLICYHOLDER NAME _____	POLICYHOLDER NAME _____
POLICYHOLDER DOB _____	POLICYHOLDER DOB _____
RELATIONSHIP TO PATIENT _____	RELATIONSHIP TO PATIENT _____
I.D. OR POLICY # _____	I.D. OR POLICY # _____
GROUP # _____	GROUP # _____
ADDRESS OF INSURANCE CO. _____	ADDRESS OF INSURANCE CO. _____
_____	_____

EMERGENCY CONTACT (SOMEONE NOT LIVING WITH YOU)

NAME _____ RELATIONSHIP _____
HOME PHONE _____ CELL PHONE _____
ADDRESS _____

AUTHORIZATION FOR PAYMENT AND TO RELEASE INFORMATION

I HEREBY AUTHORIZE PAYMENTS DIRECTLY TO THE PHYSICIAN OF THE SURGICAL AND/OR MEDICAL BENEFITS. I ALSO UNDERSTAND I AM RESPONSIBLE FOR ANY PORTION OF MY BILL NOT COVERED BY MY INSURANCE COMPANY AND I HEREBY AUTHORIZE RELEASE OF INFORMATION FOR INSURANCE CLAIM PURCHASES.

I UNDERSTAND ALL OF THE ABOVE AND HEREBY STATE THE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED _____ DATE _____

Steven E. Cox, D.O.

Lab And Xray Results Contact Information

Patient Name: _____

DOB: _____

What number do you want us to call with your lab results? What is the best time to call during our office hours? (M-TH: 8-12, 1-5)(F: 8-12)

Home: _____ Time: _____ Work: _____ Time: _____

Cell: _____ Time: _____ Other: _____ Time: _____

Is it OK to leave a message? (Circle all that apply)

Yes to all

no to all

Home: yes no **Work:** yes no **Cell:** yes no **Other:** yes no

With, Spouse: yes no **Child:** yes no **other:** _____

Lab test dates for which the above info applies:
(Date and Initial)

[illegible]

HIPAA Notice of Privacy Practices

Steven E. Cox, D.O.

Family Physician

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, 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; to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information 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. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information 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.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at 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 your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: 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 requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights

Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification 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 physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. 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 alternatively i.e. electronically.

You may have the right to have your physician amend your protected health information. 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.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

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 privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

This notice was published and becomes effective on/or before **April 14, 2003.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Print Name: _____ Signature _____ Date _____

Steven E. Cox, D.O.

905 24th Ave., Suite C

Norman, OK 73069

405-292-3060

Fax 405-292-5563

Medication Refill Policy

- 1 It is of the utmost concern to us that we refill your medications in a timely manner. To avoid delays, we suggest that you call your pharmacy at least two days before you expect to run out of medications and ask the pharmacy to contact us for a refill.
- 2 Patients who take daily medications should be evaluated periodically. You will be given a specific number of refills for each prescription and you must be seen before any additional medications will be given. No prescriptions are refilled for more than 1 year without an office visit.
- 3 For patient safety we do not, as a rule, prescribe antibiotics without an office visit, nor do we refill antibiotics without re-evaluating the patient in the office. We will usually refill inhaled medications such as those used for asthma, allergies, and emphysema without an office visit if the patient's health status is stable and he or she has been seen in the past six months.
- 4 Patients using narcotics, or any other controlled substances, must be seen regularly. These medications will not be refilled by phone. You **MUST** make an appointment and be evaluated by Dr. Cox to determine if a refill is needed. Note: Being seen does not guarantee you will receive a refill.