

Welcome To TriLakes Obstetrics And Gynecology

The following forms are required to register with our office. Please follow these directions:

- 1) Please Print the entire document.
- 2) The first form is your general information, such as name and address, insurance etc. Please fill out the entire form and sign it.
- 3) The second form is your medical information such as previous medical problems and surgeries. Please fill out the entire form to the best of your knowledge and sign it.
- 4) The 3rd form is our Financial policy, which you need to read and sign.
- 5) The 4th document is our Notice of Privacy Practices for you to read and keep.

Please Sign all forms (except the Notice of privacy practices) and bring them with you to your appointment. This will save a lot of time having to fill those forms in the office. Please DO NOT MAIL OR FAX the forms to our office. The forms have to be handed to us at your appointment.

TriLakes OB/GYN, P.C.

2249 SR 86, Suite 4, Saranac Lake, NY 12983. Telephone: (518) 891-5077, FAX: (518) 891-3381

Your Self:

First Name:	<input type="text"/>	M.I.	<input type="text"/>
Last Name:	<input type="text"/>		
Maiden Name	<input type="text"/>		
You Like To Be Called	<input type="text"/>		
Address:	<input type="text"/>		
Town:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Date of Birth:	<input type="text"/>		
Social Security	<input type="text"/>		
Occupation:	<input type="text"/>		
Employer	<input type="text"/>		
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Steady <input type="checkbox"/> Relationship <input type="checkbox"/> Widowed		

Telephones:

Where	Number
Home	<input type="text"/>
Work	<input type="text"/>
Other	<input type="text"/>
Emer.Contact	<input type="text"/>
E-Mail:	<input type="text"/>

Insurance:

Primary:	
Company	<input type="text"/>
Subscriber:	<input type="text"/>
ID Number:	<input type="text"/>
Group Number:	<input type="text"/>
Secondary:	
Company	<input type="text"/>
Subscriber:	<input type="text"/>
ID Number:	<input type="text"/>
Group Number:	<input type="text"/>

Your Partner:

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Occupation:	<input type="text"/>
SSS#:	<input type="text"/>

Other Information:

Emergency Contact	<input type="text"/>
Your Pharmacy:	<input type="text"/>
Referring Physician	<input type="text"/>
Primary Care Physician	<input type="text"/>

Who May We Thank For Referring You?	<input type="checkbox"/> A Physician	<input type="checkbox"/> Verizon Yellow Pages
	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> North County Y. Pages
	<input type="checkbox"/> Daily Enterpriz	<input type="checkbox"/> TV ads
	<input type="checkbox"/> Press Republic	<input type="checkbox"/> Web Site

Insurance Authorization and Assignment: (Please Read and Sign)

I Hereby authorize Waguih Kirolos, M.D., to furnish information to insurance carriers concerning my illness and treatments, and I hereby assign to the physician(s) all payments or medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance.

Signed -----

Date:-----

TRILAKES OB/GYN, P.C.
Your Medical History

How Many Times Have you Been Pregnant?
How Many children did you have?
Any previous Miscarriages or terminations of pregnancy?

Any previous
Cesarean sections?
how many?

What birth control method do you and your partner currently use?

Please List any previous or current medical problems:

Please List all previous surgeries:

Please List any family history of cancer, heart disease, diabetes or any other medical problems.

Please list the medications you are currently on. List Name of medication, dose and how many times per day.

What is your occupation?
What is your marital status?
Do you smoke? how much?
Do you drink alcohol, if so how much and how often?

Are you allergic to any medications?

Your Name:----- Signature:----- Date:-----



TriLakes OB/GYN, P.C.

Financial Policy

Thank you for choosing us as your health care provider. We are committed to your care. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment.

Full Payment is due at the time of service. We accept Cash, Check, or Credit Cards.

1) Regarding Insurance

We may accept assignment for insurance benefits. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do not accept assignment of benefits we require that you be pre-approved on our extended payment plan or provide a credit card with authorization to bill that account for the balance. Please be aware that some of the services provided may be non-covered under the Medicare program and/or other medical insurance.

Regarding insurance plans where we are a participating provider: All co-pays and deductibles are due prior to treatment. In the event that your insurance coverage changes to a plan that we are not a participating provider, refer to above paragraph.

2) Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

3) Hospital Fees

Any services that you may require in the Lab, OR, OB, or Radiology will be billed by the hospital to you or your insurance company. These fees are totally separate from our office fees and are handled by the hospital billing department. It is your responsibility to inquire about these fees and insurance coverage prior to services.

4) Missed Appointments

You will be responsible for any missed appointment that was not cancelled or rescheduled at least 24 hours prior to the appointment. We will allow you a maximum of two no-shows or up to three re-schedules for the same appointment. Beyond that, the office will automatically remove you from our patient list for lack of compliance. At that time we will provide you a resource of other providers in the area and will be available for emergency services up to 30 days.

5) Chart Copies

Copies of your chart are available to you at a fee of 50 Cents per page. Please allow a least 48 hours from your request date for your chart to be copied and sent. A written request, signed by you, is required prior to your chart being copied.

Please let us know if you have any questions or concerns. I have read, understand, and agree to the above terms.

I have read and accept the above policy. I have also received the Notice of Privacy Practices of TriLakes OB/GYN, P.C.

Sign: _____

Date: _____

TRILAKES OB/GYN, P.C.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AS A PATIENT, UTILIZING THE SERVICES OF THIS PRACTICE, MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

TriLakes OB/GYN, P.C. is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time of your care.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights regarding your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by TriLakes OB/GYN, P.C.. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER AT

(518) 891-5077

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS

1. Treatment. Our practice may use your PHI to treat you. For example, your doctor may ask you to have laboratory tests (such as blood or urine tests) to clear you for surgery and we will receive the results of the tests and notify your surgeon and the hospital of the results. Many of the people who work for TriLakes OB/GYN, P.C.– including, but not limited to, our nurses, clerical staff and technicians – may use or disclose your PHI in order to assist others in your treatment. Additionally, we may disclose your PHI to others who may participate in your care, such as medical specialists you may be referred to for treatment or pharmacists who provide your medications.

2. Payment. TriLakes OB/GYN, P.C. may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding the diagnostic testing that has been ordered for

you to determine if your insurer will cover, or pay for, your testing. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs. We may use your PHI to bill you directly for services.

3. Health Care Operations. TriLakes OB/GYN, P.C. may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your PHI for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

4. Appointment Reminders: Our practice may use and disclose your PHI to contact you and confirm a scheduled appointment.

5. Release of Information to Family/Friends. Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a friend may drive you to and home from our laboratory draw station. If you need to return for additional blood draws, we may have to tell your driver. Therefore, some of your PHI may be shared

6. Disclosures Required By Law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local authorities.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your PHI:

1. Public Health Risks. TriLakes OB/GYN, P.C. may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintenance of vital records, such as births and deaths
- Mandatory reporting, such as child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notification of a person regarding potential exposure to a communicable disease
- Notification of a person regarding a potential risk for spreading or contracting a disease or condition
- Notification of your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. TriLakes OB/GYN, P.C. may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. TriLakes OB/GYN, P.C. may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process

- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Deceased Patients. TriLakes OB/GYN, P.C. may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Research. TriLakes OB/GYN, P.C. may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from our practice;

7. Serious Threats to Health or Safety. TriLakes OB/GYN, P.C. may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will make disclosures to a person or organization able to help prevent the threat.

8. National Security. TriLakes OB/GYN, P.C. may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

9. Inmates. TriLakes OB/GYN, P.C. may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

10. Workers' Compensation. TriLakes OB/GYN, P.C. may release your PHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer, at the address on this notice, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer, at the address on this notice. Your request must describe in a clear and concise fashion:

- The information you wish restricted;
- Whether you are requesting to limit our practice's use, disclosure or both; and
- To whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to our Privacy Officer, at the address on this notice, in order to inspect and/or obtain a copy of your PHI. TriLakes OB/GYN, P.C. may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as TriLakes OB/GYN, P.C. maintains the information. To request an amendment, your request must be made in writing and submitted to our Privacy Officer, at the address on this notice. You must provide us with a reason that supports your request for amendment. TriLakes OB/GYN, P.C. will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the PHI is not available to amend the information.

5. Accounting of Disclosures. All patients utilizing our services have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine care in our practice is not required to be documented for "accounting of disclosures". For example, the laboratory sharing PHI with the doctor; or the billing department using your PHI to file your claim. To obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer, at the address on this notice. Requests for an "accounting of disclosures" must state a time period no longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. To obtain a paper copy of this notice, contact our Privacy Officer, at the address on this notice

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with TriLakes OB/GYN, P.C. or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Officer, at the address on this notice. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures. TriLakes OB/GYN, P.C. will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact:

**Privacy Officer
TriLakes OB/GYN, P.C.**