



800 E. California Street, Suite 1 Gainesville, TX 76240

PATIENT INFORMATION

Patient Name, Date of Birth, Social Security#, Drivers License#, Address, City, State, Zip, Phone#, Secondary/Cell Phone#, Marital Status, Gender, Height, Weight, Employer, Employer's Phone#, Address, City, State, Zip

REQUIRED for insurance billing purposes:

Referring Physician's Name, Phone #, Diagnosis/Nature of injury, Date of Injury, Affected Side (Right, Left, N/A)

(If patient is a minor) Responsible Party Name

Address, City, State, Zip, Phone#, Secondary Phone#

Insurance Information

Is this a Worker's Comp case? Yes No

Primary Insurance, Address, City, State, Zip, Policy#, Group#, Name of Insured, Date of Birth, Relation (Self, Spouse, Parent/Guardian)

Secondary Insurance (if necessary)

Medicare Patients, please answer the following:

Has the patient ever received the same or similar supplies/equipment? Yes No. If so, list equipment/supplies: Who was it purchased or rented from? Date purchased or rented: Date of past set-up: Date equipment was returned: Was item returned to original supplier? Yes No. Why was the item returned? Is the item being replaced? Yes No. Is there a new medical necessity? Yes No. Describe condition for previous need: Describe new/changed condition:

Assignment of Benefits/Authority for Release of Information

I request that payment of authorized Medicare, Medicaid, Private Insurance or Worker's Compensation be made to Alliance Orthotics and Prosthetics, L.L.C. for any covered services furnished to me by Alliance Orthotics and Prosthetics. I authorize any holder of medical information about me to release, to the Health Care Financing Administration and its agents, or to any private insurance company any information needed to determine these benefits or the benefits payable for related services. If this is a private insurance claim, I further agree to be responsible for the full amount of the charges from the date of delivery if my private insurance company does not pay for charges in a timely manner, or my physician or I fail to provide within (30) days the information necessary to submit the claim for payment.

X BENEFICIARY/PARENT/GUARDIAN/REPRESENTATIVE DATE

PLEASE ALSO SIGN THE FOLLOWING PAGES. THANK YOU

Alliance
Orthotics and Prosthetics, LLC
800 E. California Street, Suite 1
Gainesville, TX 76240

**Health Insurance Portability and Accountability Act
Notice of Privacy Practices**

It is the policy of Alliance Orthotics & Prosthetics that our personnel comply with our Notice of Privacy Practices, which is consistent with HIPAA. Our Notice of Privacy Practices is provided to all our patients at the first patient encounter possible. Also, copies are available upon request from our reception desk.

Alliance Orthotics & Prosthetics collects medical and related identifiable patient information such as billing information, claims information, referral and health plan information, and stores it in a chart, in administrative files, and on a computer. This information is considered "protected health information" (heretofore also referred to as "PHI") under HIPAA Privacy Rule. The law permits us to use or disclose health information without the patient's written authorization in the course of health care delivery, under the conditions described for the following purposes without the patient's written authorization:

Treatment. We use medical information to provide medical care. We disclose medical information to our employees and associates who are involved in providing health care to our patients. For example, we may share medical information with referring physicians or other health care providers who have provided or will provide services, which we do not provide. Or we may share this information with a physical therapist at a licensed facility, or a device manufacturer that will fabricate a custom device according to specifications regarding your body shape and health conditions. We may also disclose medical information to members of the patient's family or others who can aid the patient during the sickness or injury.

Payment. We use and disclose medical information to obtain payment for the services we provide. For example, we give information to the health plans that they require before they will pay us. In the case of workers compensation cases or third party insurers, we will have to provide those agencies with the appropriate information to file the claim. We may also disclose information to other health plan providers to assist them in obtaining payment for services they have provided to our patients.

Health care operations. We may use and disclose medical information to operate this healthcare practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get health plans to authorize services or referrals. We may also use and disclose this information as necessary for our medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share information with our business associates, such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of this medical information. Although federal law does not protect health information, which is disclosed to someone other than another healthcare provider, health plans, or healthcare clearinghouse, under California law all recipients of health care information are prohibited from redisclosing this information except as specifically required or permitted by law. We may also share health information with other health care providers, health care clearinghouses, or health plans that have a relationship with one of our patients, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. From time to time, we may share health information with our professional liability carrier for our defense or their ongoing quality review of our healthcare practice. We may also share medical information with all the other health operation activities of these organized health care arrangements. Our Quality Control Manager maintains a current list of the arrangements, which include among others all relevant hospitals, IPAs, and health plans with which the group participates.

Appointment reminders. We may use and disclose medical information to contact and remind our patients about appointments.

Sign in sheet. We may use and disclose information about our patients by having them sign in when they arrive at our office. We may also call out their names when we are ready to see them.

Notification and communication with family. We may disclose our patient's health information to notify or assist in notifying family members, personal representatives or other persons responsible for their care about their location, general condition, or in the event of a health emergency in which paramedics would become involved. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate appropriate notification efforts to family members. We may also disclose information to someone who is involved with our patient's care or helps pay for care. Patients who are able and available may file a list of persons requested to be excluded or prohibited disclosure. Furthermore, for each given circumstance wherein patients are able and available to consent or object, we will give the patient the opportunity to object prior to making these disclosures, although we may disclose information in a disaster or patient health emergency, even over the patient's objection. In this case, we will attempt to seek the advice, approval, or request for disclosure by the referring provider. If our patient is unable or unavailable to agree or object, our health professionals will use their best judgment in communicating with any of the patient's family, family representatives and care-giving representatives.

Marketing. We may contact our patients to give them information about products or services related to their treatment, case management, or care coordination, or to direct or recommend other treatments or health related benefits and services that may be of interest to them. We may also provide a patient with a product or service at no cost to the patient. We will not otherwise use or disclose our patient's medical information for marketing purposes, without their written authorization.

Required by law. As required by law, we will use and disclose our patients' health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect, or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirements set forth below concerning those activities.

Public health. We may, and are sometimes required by law, to disclose our patient's health information to public health authorities for purposes related to: preventing or controlling disease, injury, or disability, reporting child, elder, or dependent adult abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform our patients or their personal representatives promptly unless in our professional judgment we believe the notification would place a patient at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

Health oversight activities. We may, and are sometimes required by law, to disclose our patient's health information to health oversight agencies during the course of audits, investigations, licensure, and other proceedings, subject to the limitations imposed by federal and California law.

Law enforcement. We may, and are sometimes required by law, to disclose our patient's health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

Coroners. We may, and often are required by law, to disclose our patient's health information to coroners in connection with their investigation of deaths.

Organ or tissue donation. We may disclose our patient's health information to appropriate organizations involved with procuring, banking, or transplanting organs and tissues.

Except as described herein this Notice, Alliance Orthotics & Prosthetics will not use or disclose health information which identifies individual patients without their written authorization. If a patient wishes to authorize this healthcare practice to use or disclose health information for another purpose, the patient may revoke the authorization in writing at any time.

Patient Bill of Rights

As a patient in our facility, you have the right to:

- **The Right to Information.** Patients have the right to receive accurate, easily understood information to assist them in making informed decisions about their health plans, facilities and professionals.
- **The Right to Choose.** Patients have the right to a choice of health care providers that is sufficient to assure access to appropriate high-quality health care.
- **Being a Full Partner in Health Care Decisions.** Patients have the right to fully participate in all decisions related to their health care. Consumers who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members, or other conservators. Additionally, provider contracts should not contain any so-called "gag clauses" that restrict health professionals' ability to discuss and advise patients on medically necessary treatment options.
- **Care Without Discrimination.** Patients have the right to considerate, respectful care from all members of the health care industry at all times and under all circumstances. Patients must not be discriminated against in the marketing or enrollment or in the provision of health care services, consistent with the benefits covered in their policy and/or as required by law, based on race, ethnicity, national origin, religion, sex, age, current or anticipated mental or physical disability, sexual orientation, genetic information, or source of payment.
- **The Right to Privacy.** Patients have the right to communicate with health care providers in confidence and to have the confidentiality of their individually-identifiable health care information protected. Patients also have the right to review and copy their own medical records and request amendments to their records.
- **The Right to Speedy Complaint Resolution.** Patients have the right to a fair and efficient process for resolving differences with their health plans, health care providers, and the institutions that serve them, including a rigorous system of internal review and an independent system of external review.
- **Taking on New Responsibilities.** In a health care system that affords patients rights and protections, patients must also take greater responsibility for maintaining good health.

I acknowledge these practices. I have been notified of these rights and understand that I may request a personal copy of this Notice.

X _____
Signature of Beneficiary/Parent/Guardian/Representative

X _____
Date