

Pediatric Patient Registration Form

Patient Last Name		First (legal name)	First (Preferred Name)	Full Middle Name
Date of Birth	Gender	Last 4 Digits Social Security Number <i>(optional)</i>		What is your preferred language
/ /	Female ___ Male ___			
Race <i>(circle one)</i>			Ethnicity <i>(circle one)</i>	
African American -Black / Asian / Bi-Multi-racial /Pacific Islander -Hawaiian / Caucasian – White / Native American Eskimo Aleut / Decline to state / Other			Hispanic-Latino / Non-Hispanic-Latino / Other	
Are you a new patient	Who referred you to our practice		Who is your Primary Care Physician	
Yes ___ No ___				
Address (Number, Street, Apt #)		City	State	Zip Code
<i>Mail will be sent to the address listed above, unless patient indicates a different address (leave blank if same as above)</i>				
Send mail to address (Number, Street, Apt #)		City	State	Zip Code
Name (Last, first, Middle) Parent/Legal Guardian/Guarantor #1 Contact			Relationship to Patient	Date of Birth
				/ /
Phone Options	Phone Number	Okay to leave call back information		Call this number (circle choices)
Home	() -	Yes ___ No ___		1 st 2 nd 3 rd choice
Cell	() -	Yes ___ No ___		1 st 2 nd 3 rd choice
Work or Cell (circle one)	() -	Yes ___ No ___		1 st 2 nd 3 rd choice
Name (Last, first, Middle) Parent/Legal Guardian/Guarantor #2 Contact			Relationship to Patient	Date of Birth
				/ /
Phone Options	Phone Number	Okay to leave detailed message		Call this number (circle one)
Home	() -	Yes ___ No ___		1 st 2 nd 3 rd choice
Cell	() -	Yes ___ No ___		1 st 2 nd 3 rd choice
Work or Cell (circle one)	() -	Yes ___ No ___		1 st 2 nd 3 rd choice

On-Line Patient Portal Communication via Email

Would you like to communicate by Email	Yes ___ No ___	Email Address
<i>On-line communication is used for non-urgent messages/requests only. John Muir Health uses secure technology to protect the privacy and confidentiality of your personal information. Only you, your physician, and authorized staff can read your message.</i>		
Do you prefer that we Email or call you first <i>(at the numbers listed above)</i>		Email ___ or Call ___ <i>(indicate 1st & 2nd choice)</i>

Confidentiality Communication Preference

List Any other person(s) <i>(not listed above)</i> you authorize to receive relevant information about your child's care/treatment				
Name		Relationship		Phone () -
Name		Relationship		Phone () -

Emergency Contact

Emergency Contact's Name	Relationship to patient	Phone
		() -
		() -

Appointment Reminder

Would you like an automated appointment reminder call? Yes ___ No ___ <i>(calls are made to the home phone number listed above)</i>

Insurance Holder Employer Information

Employer Name & Address (Number, Street, Apt #, City, State, Zip Code)	Employer Phone Number
	() -

Insurance Information

Subscriber (Insurance Holder) Name	Date of Birth	Relationship to Patient	Subscriber Phone Number
	/ /		() -
Health Plan Information	Primary Health Plan		Secondary Health Plan
Health Plan Name			
Health Plan Address			
Phone Number			() -
Subscriber Number			

Signature _____ Relationship to Patient _____ Date _____

Patient Name _____
(Last, First, Middle)

Date of Birth _____

NOTICE OF PRIVACY PRACTICES (NOPP)

The undersigned acknowledges he/she has received a copy of the Notice of Privacy Practices. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information (PHI). You may also obtain a copy on our web-site at www.johnmuirhealth.com or contacting our customer service department at (925) 952-2887.

Patient/Legal Representative Signature

Date

Financial Waiver/Policy

ASSIGNMENTS OF BENEFITS

I hereby assign medical and/or surgical payments to include major medical benefits to which I am entitled, private insurance and any other health plan to John Muir Physician Network for services provided by John Muir Medical Group. **By signing this document, I understand if claims are denied due to eligibility status, invalid medical group or invalid Primary Care Physician (PCP), I will assume full responsibility for all charges incurred by me and all dependents. Additionally, I will be held financially responsible for any non-covered benefits, deductibles or any co-payments for services, which have been provided to me.**

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original.

OTHER FINANCIAL POLICIES

Late / Cancellations / Appointment No Shows:

If you cancel your appointment with less than 8 business hours (8 business hours – 1 business day), or miss your appointment, you will be charged a fee. It is within the physician’s discretion to dismiss you from the practice if you’ve had repeated cancellations or no-show appointments.

Charges for Completion of Forms and Photo Copying Medical Records:

There is a charge for completion of forms and photo copying of medical records.

Payment Method:

For your convenience, we accept VISA, MasterCard as well as cash and personal checks. Please make your payment to John Muir Physician Network. A \$25.00 charge will be applied on all returned checks.

Patient/Legal Representative Signature

Date



Effective Date: 8/1/05

NOTICE OF PRIVACY PRACTICES SUMMARY

This notice summarizes how your medical information may be used and disclosed and how you may obtain access to the information. See the attached full Notice of Privacy Practices for complete details.

The John Muir Physician Network, and our affiliated physicians and other healthcare professionals, who treat you, are committed to protecting your medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private, except as you authorize or as laws require or permit.
- Give you a Notice of Privacy Practice that describes our legal duties and privacy practices with respect to your medical information.
- Follow the terms of the Notice of Privacy Practice that is currently in effect.

We may use and disclose your medical information for treatment, payment and our healthcare operations. We may share your information with other professional individuals/agencies that are involved in your care at our medical offices, urgent care centers, x-ray/ mammography, weight loss or

osteoporosis centers or other Health Network offices. We may disclose your medical information to our clinical research staff in order to determine if you may be a candidate for a clinical study. We may disclose your information as required by law, such as for public health activities to prevent or control disease, to report abuse situations, to notify people of recall of products, or in response to a court order.

You have a right to inspect and copy your medical information (i.e. medical and billing records). You may request to amend your records if you feel the information is incorrect or incomplete. To request an amendment, you must submit a written request and must provide a reason to support the request. You have a right to an accounting of certain disclosures of your information that we have made and a right to request restrictions of our use or disclosure of your medical information. For more information on these rights, see the full Notice of Privacy Practices attached.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. Complete contact information is provided in our full Notice of Privacy Practices.

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

NOTICE OF PRIVACY PRACTICES

If you have any questions about this Notice of Privacy Practices, please contact the Privacy Official as listed below:

John Muir Physician Network – Privacy Official at your physicians’ office

John Muir Physician Network – Quality Improvement, 925-944-2028

John Muir Physician Network- Chief Operating Officer, 925-952-2820

John Muir Health corporate offices and departments – VP, Compliance (Privacy Official), 925-947-3344

WHO WILL FOLLOW THIS NOTICE OF PRIVACY PRACTICES

This Notice describes the John Muir Physician Network and that of:

- Any health care professional authorized to access and/or enter information into the medical charts that we maintain. This includes all physicians and other healthcare professionals who are members of our affiliated medical staff.
- All departments and units of the John Muir Physician Network listed below.
- All employees, staff and other personnel of these units.
- All volunteers, trainees, or students.

John Muir Physician Network

Units

This Notice of Privacy Practices applies to the Health Network’s corporate departments involved in healthcare, and some departments of John Muir Health Corporation that assist us with our operations, such as but not limited to: Community Health Alliance (Mobile Health Clinic), Patient Accounting, Information Technology Services, Financial Services, and Marketing.

John Muir Physician Network physician practices (as of 4/29/08) listed below:

Walnut Creek

106 La Casa Via, Suites 100 & 206
1455 Montego, Suites 103,104 & 205
2255 Ygnacio Valley Rd, Suites A & N
2121 Ygnacio Valley Rd, #106 Bldg. E
1220 Rossmoor Parkway

Osteo Center

1656 N. California Street, Suite 200

Pleasant Hill

380 Civic Drive, Suite 100
401 Gregory Lane #104
91 Gregory Lane #15

Concord

2700 Grant St, Suite 200
5161 Clayton Rd, #F

Antioch

3440 Hillcrest Ave, Suite 150

Brentwood

2400 Balfour Rd, Suite 120 & 229

Lafayette

3466 Mt. Diablo Boulevard, Suite C-104

Orinda

140 Brookwood Road, Suite 201

Alamo

1505 St. Alphonsus Way

Danville

907 San Ramon Valley Blvd., Suite 202

San Ramon / Bishop Ranch

2305 Camino Ramon Suites 100, and 120

Pleasanton

5720 Stoneridge Mall Road, Suite 330

John Muir Physician Network extended services, such as but not limited to: The Osteoporosis Center, Metabolic Nutrition Program, Center for Nutrition and Weight Management, and East Bay Clinical Trial Center.

All these entities, sites and locations will follow the terms of this Notice of Privacy Practices. In addition, these entities, sites and locations may share medical information with each other for Treatment, Payment or Health Care Operations purposes described in this Notice of Privacy Practices.

Additional entities, which are covered by their own Notice of Privacy Practices: John Muir Medical Center, Walnut Creek and departments, John Muir Medical Center, Concord and departments, John Muir Behavioral Health Center, Aspen Surgery Center, Diablo Valley Surgery Center, John Muir Magnetic Imaging Center, and Neuroscan.

Please note that the above entities will have their own Notice of Privacy Practices for care that they provide to you while you are in their facilities.

PLEDGE REGARDING MEDICAL INFORMATION

We are committed to protecting medical information about you. In order to provide you with quality care and to comply with certain legal requirements, we create a record of the care and services you receive. This Notice of Privacy Practices applies to all of the records of your care that are used to make medical decisions about you.

This Notice of Privacy Practices tells you or your legal representative about the ways in which we may use and disclose your medical information. We also describe your rights and certain obligations regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private, except as you authorize or as required or permitted by law;
- give you this Notice of Privacy Practices of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice of Privacy Practices that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we may use and disclose your medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment

We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to physicians, nurses, technicians, medical students, and staff in training or other personnel who are involved in your care. For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. It may be necessary to disclose your information in order to arrange for lab work, prescriptions, x-rays or other medical tests. We also may disclose medical information about you to people outside of the practice you visit to entities within the Health

Network or John Muir Health. We may disclose medical information to affiliated entities who may be involved in your medical care while you are hospitalized, and who may provide care after you return home, such as placement agencies, home health agencies, nursing homes, or others as ordered by your physician for continuity of care purposes.

Payment

We may use and disclose your medical information so that the treatment and services you receive may be billed and payment may be collected from an insurance company, a third party, or from you. For example, we may be required to provide your health plan information regarding the office visit you received so that your health plan will compensate or reimburse you or us for the visit. We may also inform your health plan concerning a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. Other examples of disclosures would be to laboratories, pharmacies or Durable Medical Equipment Companies for their billing purposes.

Health Care Operations

We may use and disclose your medical information for Health Care Operations. These uses and disclosures are necessary to operate the Health Network and John Muir Health and to ensure that all of our patients receive quality care. For example, we may utilize your medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information of many patients to decide what additional programs and services we should offer and whether certain new treatments are effective. We may remove information that identifies you from these sets of medical information so others may use them to study health care and health care delivery without learning who the specific patients are. We may also disclose information to physicians, nurses, technicians, medical students, nursing students, students in other healthcare fields, and other personnel for review and learning purposes.

Appointment Reminders

We may use and disclose medical information to contact your household to provide a reminder that you have an appointment for treatment or medical care at the listed entities.

Treatment Alternatives

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Programs and Services

We may use and disclose medical information to tell you about the many health-related programs or services we offer that may be of interest to you. These communications are sent with the intent to inform you about our wide scope of services and are not meant to represent any form of inducement or encouragement to use our services.

Fundraising Activities

We may use your demographic information (name and address) and dates of treatment for the purpose of raising funds for the Health Network or John Muir Health. We may disclose limited medical information to a foundation related to the Health System so the foundation may contact you regarding raising money for John Muir Health. If your demographic information is used, contact information and an opportunity to decline further mailings will be provided by following a straightforward process to request removal from our list.

Individuals Involved in Your Care or Payment for Your Care

We may release your medical information to a friend or family member or legal representative who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose your medical information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research

Under certain circumstances, we may use and disclose your medical information for research purposes. East Bay Clinical Trial Center, a part of the John Muir Physician Network, conducts clinical studies. The clinicians of Muir/Diablo Primary Care Medical Group serve as researchers in connection with certain trials. The Health Network's participation in the advancement of science and medicine may be of benefit to you.

However, in order to provide you with the useful information concerning the availability to you of these treatments, we may review your medical record periodically to determine whether you may be eligible to participate in certain clinical studies. These studies may include the use of an investigational drug or medical device. They may also be used to validate the use of an existing drug or medical device for a new medical indication. In certain circumstances, we believe it is consistent with your treatment to consider these kinds of options in connection with your care. Only the clinicians or study coordinators from East Bay Clinical Trial Center will review your medical record during these reviews and none of your protected health information will be disclosed to third parties without your specific authorization. If it is preliminarily determined that you may be eligible for such treatment and that such treatment might be beneficial to you, your physician or a member of East Bay Clinical staff will contact you with further information.

As Required By Law

We may disclose your medical information when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Military and Veterans

If you are a member of the armed forces, we may release your medical information as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose your medical information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority or reporting agency if we believe a patient has been the victim of abuse, neglect or domestic violence; but only when required or authorized by law.

Health Oversight Activities

We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, governmental audits, investigations, inspections, and

accrediting, and licensing. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil and patient rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process. In accordance with California Law, efforts may be made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may release your medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the listed entities; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release your medical information to a coroner, medical examiner or funeral director. This may be necessary to identify a deceased person or determine the cause of death, or to enable such persons to carry out their duties.

National Security and Intelligence Activities

We may release your medical information to

authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President of the United States and others

We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and copy your medical information that may be used to make decisions about you, you must submit your request in writing to the Medical Practice Office where your services were provided.

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Your request and denial will be reviewed by the following department at the involved entity:

- The Director of Quality Improvement at John Muir Physician Network or the Entity Privacy Official for John Muir Physician Network.

The person conducting the review will not be the person who initially denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information.

A request for an amendment must be made in writing to the Medical Records Department where your services were provided. In addition, you must provide a reason to support the requested amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Additionally, we may deny your request if you ask us to amend information that:

- Was not created by us;
- Is not part of the medical information kept by the Health Network;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request for amendment is denied, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record, we will attach to it your records and include it whenever we make a disclosure of the

item or statement you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures

You have the right to request a list of names/agencies to whom we may have given your medical information. This list will not include our own uses for Treatment, Payment and Health Care Operations, or for other reasons specified by laws.

To request this list of disclosures, you must submit your request in writing to the Privacy Official where your services were provided. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on your medical information we use or disclose about you for Treatment, Payment or Health Care Operations. You also have the right to request a limit on the medical information we disclose about you to someone (like a family member or friend) who is involved in your care or the payment for your care. For instance, you may request us not to use or disclose medical information concerning a procedure you had. Authorities designated to review your request are: Practice Privacy Official, Entity Privacy Official, Health System Privacy Official.

We are not required to agree to your request

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If we do not agree, we will notify you of the reason we cannot comply with your request.

To request restrictions, you must make your request

in writing to one of the designated authorities. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing at the time of admission or registration, or to the Medical Records department of the medical office where your services are or were provided. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice of Privacy Practices

You have the right to a paper copy of this Notice of Privacy Practices. You may also access this Notice of Privacy Practices at our web-site, www.johnmuirmtdiablo.com.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the revised or changed Notice of Privacy Practices effective for your medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice of Privacy Practices with the current date in the listed entities.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the listed entities or

with the Secretary of the Department of Health and Human Services. To file a complaint with the listed entities, contact the following persons at the respective entity where care was rendered. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

- Privacy Official at the Practice you are seen at.
- John Muir Physician Network- Quality Improvement
925-941-2028
- John Muir Physician Network, Entity Privacy Official at 925-952-2820
- Secretary of Department of Health and Human Services:
 - Director, Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue,
SW–Room 506-F
Washington, D.C. 20201
(202) 619-0403
 - Director, Office for Civil Rights
U.S. Department of Health and Human Services
50 United Nations Plaza–Room 322
San Francisco, CA 94103
(415) 437-8310

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice of Privacy Practices or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except if we have already acted in reliance on your permissions. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.