PATIENT HISTORY

PLEASE FILL IN ALL BLANKS. IF NONE OR NEGATIVE, DOCUMENT AS SO.

Primary Care Physician: _____

List ALL prior surgery and year it was performed:

_____

_____

List current medications, including Aspirin and/or Ibuprofen and over the counter:

_____

_____

List any Herbal medications:_____

List any drug allergies OR document none known:

_____

Are you allergic to latex? _____Yes _____No

Do you now or have you ever:
Smoke: _____Yes _____No Packs per day_____ Number of years_____
Drink alcohol: _____Yes _____No Drinks per week_____

Do you have a pacemaker or any cardiac stents/devices? _____Yes _____No
Do you have sleep apnea? _____Yes _____No

Have YOU or any blood RELATIVE had any of the following:

	You	Rel		You	Rel
High blood pressure	___	___	**Stomach ulcer**	___	___
Diabetes	___	___	**Bowel problems**	___	___
Heart disease	___	___	**Liver/Hepatitis**	___	___
Stroke	___	___	**Kidney/Bladder**	___	___
Lung disease	___	___	**Neurologic**	___	___
Clotting/Bleeding disorder	___	___	**Arthritis**	___	___
Anemia	___	___	**Recent weight loss**	___	___
Epilepsy	___	___	**Cancer**	___	___

Explanation to any item marked above:_____

_____

_____

_____

Patient/Guardian signature:_____ Date:_____

Physician signature:_____Date:_____

NOTICE OF PRIVACY PRACTICES

Central Texas Surgical Associates

7200 Wyoming Springs Drive, Suite 500
Round Rock, Texas 78681

1900 Scenic Drive, Suite 2208
Georgetown, Texas 78626

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 practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.
This notice describes our privacy practices. You can request a copy of this notice at any time.

Treatment, Payment, Health Care Operations

Treatment
We are permitted to use and disclose your medical information to those involved in your treatment. The Physicians in this practice are specialists. When we provide treatment, we may request that your primary care physician share your medical information with us. Also, we may provide your primary care physician information about your particular condition so that he/she can appropriately treat you for other medical conditions, if any.
In addition, your care may require the involvement of additional specialist(s). When we refer you to them, we will share some or all of your medical information with that physician to facilitate the delivery of care.

Payment
We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you. For example, we may complete a claim form to obtain payment from your insurer or HMO. The form will contain medical information, such as a description of the medical service provided to you, that your insurer or HMO needs to approve payment to us.

Health Care Operations
We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered; for example, we may engage the services of a professional to aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations and the law.

Disclosures That Can Be Made Without Your Authorization

There are situations in which we are permitted by law to disclose or use your medical information without your written authorization or an opportunity to object. In other situations we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

Public Health, Abuse or Neglect, and Health Oversight
We may disclose your medical information for public health activities**.** Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and death), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report

reactions to medications, problems with products, or to notify people of recalls of products they may be using.

We may also disclose medical information to public agency authorized to receive reports of child abuse or neglect. Texas law requires physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled.

We may disclose your medical information to health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights law.

Legal Proceedings and Law Enforcement
We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided that the information:

Is released pursuant to legal process, such as a warrant or subpoena;
Pertains to a victim of crime and you are incapacitated;
Pertains to a person who has died under circumstances that may be related to criminal conduct;
Is about a victim of crime and we are unable to obtain the person's agreement;
Is released because of a crime that has occurred on these premises; or
Is released to locate a fugitive, missing person, or suspect.

We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

Workers' Compensation
We may disclose your medical information as required by the Texas workers' compensation law.

Inmates
If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

Military, National Security and Intelligence Activities, Protection of the President
We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized government officials, or foreign heads of state.

Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors
When a research project and its privacy protections have been approved by and Institutional Review Board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Further, we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out his duties.

Required by Law
We may release your medical information where the disclosure is required by law.

Your Rights Under Federal Privacy Regulations

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against a patient that exercises their HIPAA rights.

Requested Restrictions
You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances.

To request a restriction, submit the following in writing: (a) The information to be restricted, (b) what kind of restriction you are requesting (i.e. on the use of information, disclosure of information or both), and (c) to whom the limitations apply. Please send the request to the address listed above.

You may also request that we limit disclosure to family members, other relatives, or close personal friends that may or may not be involved in your care. However, this office will assume that if you request/allow family or others in the room at the time of your exam/visit, that you are giving us permission to discuss your care in front of that person or persons.

Receiving Confidential Communications by Alternative Means
You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only *reasonable* requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing to us to send it to a particular place, the contact/address information.

Medical Examiners (TSBME) has set limits on fees for copies of medical records that under some circumstances may be lower that the chares permitted by HIPAA. In any event, the *lower* of the fee permitted by HIPPAA or the fee permitted by the TSBME will be charged.

Amendment of Medical Information
You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the address listed above. We will respond within 60 days of your request. We may refuse to allow an amendment if the information:

Wasn't created by this practice or the physicians here in the practice.
Is not part of the Designed Record Set
Is not available for inspection because of an appropriate denial.
If the information is accurate and complete.

Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we now have the incorrect information.

Accounting of Certain Disclosures
The HIPAA privacy regulations permits you to request, and us to provide, and accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to person listed below. Your first accounting of disclosure (within a 12 month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you and you may choose to withdraw or modify your request *before* any costs are incurred.

ACKNOWLEDGEMENT OF REVIEW OF
NOTICE OF PRIVACY PRACTICES

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this information.

_____
Signature of Patient or Personal Representative

_____
Date

_____
Name of Patient or Personal Representative

_____
Description of Personal Representative's Authority