



SURGICAL ASSOCIATES
— OF OPELOUSAS —

NEW PATIENT WELCOME PACKET

Inside you will find the paperwork that is needed for your visit with us. In order to reduce your waiting time please fill out the information prior to your clinic appointment and **BRING THIS WITH YOU** to your appointment. Please bring **ALL CURRENT MEDICATIONS** with you as well. If x-rays have been done at an outside hospital or facility, please have them sent to us or bring them with you so that they can be reviewed during your appointment.

We **DO NOT** do procedures on the same day as your consultation. Procedures will be scheduled after you have been examined and evaluated.

Unfortunately, emergencies are a common part of general surgery and this will disrupt our daily schedules. We try our best to stay on time, but if we are called away during office hours please be patient with us; one day it maybe your family that we are attending to.

Sincerely,

Surgical Associates of Opelousas

Eunice

Location of SAO

We are located in the Physician's Plaza next to Mercy Regional Hospital.

3521 HWY 190,
Suite X, Eunice, LA 70535.

Phone: (337)594-3446

Opelousas

Location of SAO

We are located near Opelousas General Hospital; next to the Cancer Center, across from Opelousas Catholic's baseball field. Building "M".

703 East Prudhomme Ln
Phone: (337) 594-3446



703 East Prudhomme - Opelousas, Louisiana 70570 - (337) 594-3446

NEW PATIENT INFORMATION QUESTIONNAIRE

PATIENT INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____
Date of Birth: _____ Social Security Number: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Ph: _____ Work/Alternate Ph: _____ Cell Ph: _____
Email Address: _____

Referred by: _____ Primary Doctor: _____

Marital Married Student Full Time Employment Full-time Not employed
Status: Single Part Time Status: Part-time Military Active
 Widowed Retired Unknown
 Divorced Self-Employed

Race: Black/African American Primary Language Spoken: English
 White/Caucasian Other _____
 Hispanic
 Other _____

Emergency Contact Name: _____ Relationship: _____
Phone: Home: _____ Work: _____ Cell: _____

Is this an accident or injury? Yes No Date of Injury: _____ Work related? Yes No
Date Symptoms Began: _____ **If work related, Responsible Party should be Employer.*

RESPONSIBLE PARTY INFORMATION: (If other than patient, send statement/bill to)

Last Name (or Company Name if work related): _____ First Name: _____
MI: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Ph: _____ Work/Alternate Ph: _____ Cell Ph: _____
Social Security Number: _____ Relationship to Patient: _____ Gender: M F
Date of Birth: _____

INSURANCE INFORMATION (Scan/Copy Card):

PRIMARY: Policy #: _____ Group: _____ Insured: _____ DOB: _____ Relationship to Patient: _____	SECONDARY: Policy #: _____ Group: _____ Insured: _____ DOB: _____ Relationship to Patient: _____
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PHARMACY PREFERENCE:

Primary Pharmacy Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____

ACKNOWLEDGEMENTS

Receipt of Notice of Privacy Practices: I hereby acknowledge that I have received a copy of the Notice of Privacy Practices for Opelousas General Health System that includes Surgical Associates of Opelousas medical practice. This Notice of Privacy Practices describes how my protected health information may be used and shared. I understand that this notice may be changed at any time. I may obtain a current copy by contacting this office or via the hospital web site at opelousasgeneral.com.

✓

Signature

Date

Patient No Show Policy and Timely Arrival to Appointments: If you are more than 30 minutes late for your appointment, we will have to reschedule your appointment for a later date. If you are unable to keep your appointment, you are required to cancel your appointment with appropriate prior notice (24 hours is appreciated). Failure of you to cancel your appointment without a 24-hour notice is considered a "No Show" for purposes of this policy. If three or more appointments are missed, then you may be dismissed from our practice. We make every effort to see you in a timely manner and we ask that you respect our time and others time by arriving in a timely manner.

By signing below, I hereby acknowledge that I understand the above Patient No Show Policy and Timely Arrival to Appointments with Surgical Associates of Opelousas.

✓

Signature

Date

Evaluation and Treatment: I hereby authorize any of the providers of Surgical Associates of Opelousas to evaluate and recommend any testing and/or additional treatment. I understand that I have the right to refuse any such recommendations/treatment.

✓

Signature

Date

Payment Terms: I understand that charges not covered by Medicare, Medicaid or Managed Care will be the patient's responsibility. I verify this information is true and accurate as of the below indicated date. I hereby authorize the attached insurance companies to pay directly to Opelousas General Health System Physician Practices benefits due on my behalf, if any, as provided in the above unexpired policy. I will pay all charges in excess of whatever sums may be allowed by my insurance and acknowledge outstanding amounts due from me, greater than 30 days, could be assessed a finance charge of 1.5% per month.

✓

Signature

Date

e-Prescribing Consent: ePrescribing is defined as a physician's ability to electronically send an accurate, error free, and understandable prescription directly to a pharmacy from the point of care. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care. ePrescribing greatly reduces medication errors and enhances patient safety. The Medicare Modernization Act (MAM) of 2003 listed standards that have to be included in an ePrescribe program. These include:

- Formulary and benefit transactions – gives the prescriber information about which drugs are covered by the drug benefit plan
- Medication history transactions – provides the physician with information about medications the patient is already taking to minimize the number of adverse drug events.
- Fill status notification – Allows the prescriber to receive an electronic notice from the pharmacy telling them the patient's prescription has been picked up, not picked up or partially filled.

There are some prescription drugs that may NOT be sent electronically (i.e., narcotics) and scripts must be given in person.

By signing this consent form, you are agreeing that any of the providers of Surgical Associates of Opelousas can request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.

Understanding all of the above, I hereby provide informed consent to any of the providers of Surgical Associates of Opelousas to enroll me in the ePrescribe Program. I have had the chance to ask questions and all of my questions have been answered to my satisfaction.

✓

Signature

Date

NOTICE OF PRIVACY PRACTICES

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.

Protected Health Information will be referred to as PHI throughout this Notice. Opelousas General Health System may be referred to as OGHS.

WHO WILL FOLLOW THIS NOTICE

This notice describes our hospital's practices and that of:

- any medical staff member or other health care professional authorized to enter information into your hospital chart or otherwise participate in your care,
- any member of a volunteer group we allow to help you while you are in the hospital,
- all employees, staff and other hospital personnel, offices of employed OGHS physicians and OGHS business associates for care provided in any hospital setting or department.

Under an Organized Health Care Arrangement your protected health information will be shared with the medical staff and other credentialed health care professionals as necessary to carry out treatment, payment or health care operations related to care provided in any hospital setting or department.

OUR POLICY REGARDING PROTECTED HEALTH INFORMATION

We understand that PHI about you and your health is personal. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your PHI created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

- make sure that PHI that identifies you is kept private,
- give you this notice of our legal duties and privacy practices with respect to PHI about you, and
- follow the terms of the notice that is currently in effect.
- notify you if there is a breach (an inappropriate use or disclosure of your PHI that the law requires us to report)

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose PHI. 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 PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. An example would be if your primary care physician discloses your health information to another doctor for the purposes of a consultation. Different departments of the hospital also may share PHI about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose PHI about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care. In an emergency, if you are incapacitated or otherwise unable to understand the information in this Notice, health care providers may use their professional judgement regarding the use and disclosure of your PHI during their treatment of your condition. As soon as you are stabilized and/or the emergency condition has been resolved, and as soon as is reasonably practicable, you will be provided with the Notice.
- **Payment.** We may use and disclose PHI about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **Health Care Operations.** We may use and disclose PHI about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical, nursing and allied health students, and other hospital personnel for review and learning purposes. We may also combine the PHI we have with PHI from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Appointment Reminders.** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.
- **Treatment Alternatives.** We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** OGHS or its related foundations may contact you in an effort to raise money for the hospital to improve its services and programs for the community. We may use contact information, such as your name, address and phone number, e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physicians or outcome information. You will have the right to opt out of receiving such communications with each solicitation. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services at OGHS.
- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. Except for your religion, we may disclose this information to any person who asks for you by name. We may disclose all directory information to members of the clergy, even if not asked for by name.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release PHI about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** We may disclose PHI for certain research projects that have been evaluated and approved through a research approval process that takes into account patients' need for privacy.
- **As Required by Law.** We will disclose PHI about you 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 PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military.** If you are a member of the armed forces, we may release PHI about you as required by military command authorities, as published by notice in the Federal Register. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** PHI related to workers' compensation claims may be disclosed as permitted by law, including to the compensation carrier and the employer.
- **Public Health Risks.** We may disclose your PHI for public health activities, including:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - 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 if we believe a patient has been the victim of abuse, neglect or domestic violence.

- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, licensure and other activities necessary to monitor the health care system, government programs and compliance with civil right laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release PHI 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 person's agreement;
 - about a death we believe may be the result of criminal conduct;
 - about criminal conduct at the hospital; 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 Director.** To assist coroners, medical examiners or funeral director with their official duties.
- **National Security and Intelligence Activities.** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or 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 PHI about you 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 the health and safety of you and others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

- **Inspect and receive a copy.** You have the right to inspect and receive a copy of PHI that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. For records maintained by OGHs in electronic format, you may request a copy in paper or in electronic format. To inspect and receive a copy of PHI that may be used to make decisions about you, you must submit your request in writing to the contact listed on last page of this Notice. 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 receive a copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Amend.** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to the contact listed on last page of this Notice. In addition, you must provide a reason that supports your request.

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

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the PHI kept by or for the hospital;
- is not part of the information which you would be permitted to inspect and receive a copy; or
- is accurate and complete.

If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates.

- **Receive an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of PHI about you, which will exclude certain disclosures as specified in our policy on accounting of disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the contact listed on last page of this Notice. You have the right to an accounting of any disclosure of your health information made after April 14, 2003, and covering a 6 year period preceding the date of your request. Your request should indicate in what form you want the list (for example, on paper, electronically). 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.

- **Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

To request restrictions, you must make your request in writing to the contact listed on last page of this Notice. 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 spouse.

We are not required to agree to your request, except in the following instance: The restriction pertains solely to PHI for an item or service for which the hospital has been paid out of pocket in full.

- **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 alternate confidential communications you must make your request in writing to the contact listed on last page of this Notice. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Receive a Paper Copy of this Notice.** You have a right to obtain a paper copy of this Notice upon request. A copy may also be obtained from our website: opelousasgeneral.com.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted on our website and at our facility, and will be available from us upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. A complaint may be filed with the contact listed on last page of this Notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF PROTECTED HEALTH INFORMATION

Except as described above, disclosures of your health information will be made only with your written authorization. You may revoke your authorization at any time, in writing, except for disclosures that have already been made based upon that authorization.

Without your authorization we may not use or disclose your psychotherapy notes, we may not use or disclose your PHI for our own marketing and we may not sell your PHI.

DESIGNATED CONTACTS – Contact the Privacy Officer associated with the following entities:

Opelousas General Health System: (337) 948-3011	Emergency Room Physicians (Opelousas Emergency Group, LLC) 800-893-9698, ext. 1221	Pathologists (ReliaPath, LLC) (337) 948-8663
Private Physician: Privacy Officer in your physician's office	Radiologists (St. Landry Radiology Associates, APMC) (337) 948-3011, ext. 5239	Anesthesiologists (Anesthesia Associates of Opelousas, Inc.) (337)948-3011, ext. 5120