

Women's Birth and Wellness Center

504 W. University Drive
Mesa, Arizona 85201
480-833-6582

New Patient
 Existing Patient

*A copy of your driver's license or a photo ID and your insurance card is required for identification

Date ____/____/____

Last Name _____ First Name _____ MI _____ Email: _____

Home phone _____ Work phone _____ Cell phone _____

Street Address _____ City _____ State _____ Zip _____

Gender: Male Female SSN: _____ - _____ - _____ Birthdate _____

Circle One: Married / Single / Partnered / Widowed Name of Spouse / Significant Other / Partner _____

Patient's Employer: _____ Occupation: _____ Business Phone: _____

Business Address: _____ City _____ State _____ Zip _____

Responsible Party/Spouse (Name): _____ Phone #: _____

Spouse/Responsible Party Employed by: _____ Business Phone: _____

Business Address: _____ Occupation: _____

Responsible Party / Spouse Date of Birth: ____ / ____ / ____ Responsible Party / Spouse SSN: ____ - ____ - ____

Do you have medical insurance? Circle one: NO YES If yes, please fill in the following information:

Name of Primary Insurance: _____ ID # _____ Group # _____

*Subscriber's Name: _____ Relationship: _____ * Date of birth ____/____/____

Insurance Address: _____

Name of Second Insurance _____ ID # _____ Group # _____

*Subscriber's Name: _____ Relationship: _____ * Date of birth ____/____/____

Insurance Address: _____

*This information is required by HIPPA

How did you hear about us? _____

Preferred Pharmacy (please include cross streets): _____

In case of an emergency, who should be notified? _____

Relationship: _____ Phone # _____

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Promise to pay note

- All patients are required to sign this form upon the first visit and it will remain in place as long as you are a patient in this office.
- We will send claims to all insurance companies that we are contracted with. If you have an insurance company that we are not contracted with, we will let you know before you are seen by a provider so you can make other arrangements for payment.
- We verify the eligibility of every patient on an HMO or AHCCCS plan at every visit. If you are on a PPO, POS, Indemnity or any other type of plan, we will make every attempt to verify your eligibility at each and every visit. However, if at a later date you become ineligible and the claim is denied by your health plan, you will be responsible for the bill. Ultimately, it is the responsibility of the patient to be sure they have adequate insurance for doctor's office visits.
- We expect that your account will be paid in full within 90 days of the date of service. We expect that you will be actively involved in facilitating the claims being processed by watching for statements from our office and from your insurance company.

My signature below indicates that I have read and understand the above changes in policy and consider this form to be a promise to pay note.

Printed patient name _____ Patient DOB _____

Patient/Guardian Signature _____

Relationship to patient _____

Date _____

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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 READ CAREFULLY

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition. Uses and Disclosures of your protected health information:

- Protected health information includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual.
- Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person.
- Protected health information contains specific information that identifies a person or can be used to identify a person. Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. Women's Birth & Wellness Center, can act as each of the above business types. This medical information is used by Women's Birth & Wellness Center, in many ways while performing normal business activities.
- Your protected health information may be used or disclosed by Women's Birth & Wellness Center, for purposes of treatment, payment, and health care operations. Health care professionals use medical information in the clinics or hospital to take care of you. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of your treatment. Women's Birth & Wellness Center, may use or disclose your health information for case agreement and services. Women's Birth & Wellness Center, may send the medical information to insurance companies, Medicaid, or community agencies to pay for the services provided to you.
- Your information may be used by certain department personnel to improve the department's health care operations. The department also may send you appointment reminders, information about treatment options or other health-related benefits and services.
- Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include:
 - Reporting abuse of children, adults, or disabled persons.
 - Investigations related to a missing child.
 - Internal investigations and audits by the department's divisions, bureaus, and offices.
 - Investigations and audits by the state are Inspector General and Auditor General and the legislature's Office of Program Policy Analysis and Government Accountability.
 - Public health purposes including vital statistics, disease reporting, public health surveillance, investigations, interventions and regulation of health professionals.
 - District medical examiner investigations.
 - Research approved by the department.

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Court orders, warrants, or subpoenas.

Law enforcement purposes, administrative investigations, and judicial and administrative proceedings.

Individual Rights

You have the right to request Women's Birth & Wellness Center, to restrict the use and disclosure of your protected health information to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. The WBWC privacy department is not required to agree to any restriction.

You have the right to be assured that your information will be kept confidential. Women's Birth & Wellness Center, may mail or call you with health care appointment reminders. We will make contact with you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where we may contact you. You have the right to inspect and receive a copy of your protected health information. Your inspection of information will be supervised at an appointed time and place. You may be denied access as specified by law. If access is denied, you have the right to request a review by a licensed health care professional who was not involved in the decision to deny access. This licensed health care professional will be designated by the WBWC privacy department.

You have the right to correct your protected health information. Your request to correct your protected health information must be in writing and provide a reason to support your requested correction. Women's Birth & Wellness Center, may deny your request, in whole or part, if it finds the protected health information:

- Was not created by the department,
- Is not protected health information,
- Is by law not available for your inspection, or
- Is accurate and complete.

If your correction is accepted, the department will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. The department will respond to your letter in writing. You also may file a complaint, as described below in the section titled Complaints. You have the right to receive a summary of certain disclosures Women's Birth & Wellness Center, may have made of your protected health information.

This summary does not include:

- Disclosures made to you.
- Disclosures to individuals involved with your care.
- Disclosures authorized by you.
- Disclosures made to carry out treatment, payment, and health care operations.
- Disclosures for public health.
- Disclosures for health professional regulatory purposes.
- Disclosures to report abuse of children, adults, or disabled.
- Disclosures prior to [Practice decides date here].

This summary does include disclosures made for:

- Purposes of research, other than those you authorized in writing.
- Responses to court orders, subpoenas, or warrants.

You may request a summary for not more than a 6-year period from the date of your request. If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request.

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Complaints

You have the right to express complaints to the provider and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the provider by contacting the provider's Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Contact Person

The provider's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against the provider can be mailed to the Office Manager by sending it to:

504 W. University Dr. Mesa AZ 85201

Effective Date

This Notice of Privacy Practices is effective beginning 09/01/2012, and shall be in effect until a new Notice of Privacy Practices is approved and posted.

By signing below you acknowledge that you have read and understand the privacy practices of Women's Birth & Wellness Center.

Patient Printed Name: _____

Patient Date of Birth: _____

Patient or Guardian Signature: _____

Today's Date: _____