Patient Information

Patient Name_____ **Date**_____
Address_____ **City/State** _____ **Zip Code**_____
Home Phone_____ **Cell**_____ **Appointment Reminder: Phone/Text/Email**
Date of Birth _____ **Gender M / F** **Single / Married / Widow / Divorced**
Email Address_____ **Language**_____ **Ethnicity/Race**_____
Employer _____ **If Married - Name of Spouse** _____ **Spouse DOB**_____
Local Pharmacy_____ **Cross Streets**_____ **City** _____
Person Financially Responsible for Patient_____ **Relationship**_____
Emergency Contact_____ **Relationship**_____ **Phone**_____
Name to release Medical information_____ **Relationship**_____ **Phone**_____
Primary Physician_____ **Referring Physician**_____ ***HIPAA Read/Initial*** _____

ACKNOWLEDGEMENTS AND AGREEMENTS

CONSENT FOR EXAMINATION AND TREATMENT: I understand that medical treatment may be necessary for the patient by Southeast Michigan Ear Nose and Throat. I understand the examination procedures will be explained to me and I shall consent to the partial or complete examination. I understand that the examination results will be provided to me with recommendations. I hereby consent to and authorize the administration of all diagnostic and therapeutic treatments that may be considered advisable or necessary in the judgment of Southeast Michigan Ear, Nose and Throat. No guarantee of assurance has been given by anyone as to the results that may be obtained by such treatments. The responsibility for any follow-up examinations to check abnormalities found and treated, lies with me and not Southeast Michigan Ear, Nose and Throat.

PAYMENT POLICY: Payment is due at the time of service. We accept cash, checks, and credit cards. **All co-payments, deductibles and non-covered services must be paid in full at the time of service.** If your insurance is a managed care plan please review your coverage. If you require services that require a referral - adequate planning is essential. Referrals must be authorized by your primary care physician (PCP) and usually require an office visit. Authorization from managed care plans for your referrals may take one or more days. Please be aware that we are often unable to accommodate call in requests for referrals. Failure to obtain necessary authorizations often leads to out of pocket expense. We are happy to assist you in any way with your managed care plan, however, our experience with these plans has demonstrated that planning and adequate lead time are essential. If your insurance company requires laboratory specimens be sent to a specific lab, it is your responsibility to know the participating lab. **Your knowledge of your plan regulations and benefits as well as adequate planning will be your responsibility.** ****INITIAL HERE**** _____

Your doctor is here to manage your medical care. The physicians are not experts on insurance and cannot be aware of all financial arrangements. Please discuss insurance problems and financial arrangements with the business office staff. If you are experiencing financial difficulties please discuss this with the practice manager. We will gladly work with you to make payment arrangements. Accounts over ninety (90) days past due may be referred to a collection agency. In case of estranged or divorced parents, the parent accompanying the child to the visit is responsible to pay for services rendered, regardless of overage arrangements. We will gladly furnish you with statements for reimbursement.

Failure to give 24 hours' notice for cancellation of an appointment with the doctor will result in the charge of twenty-five dollars ($25) being applied to your account. Failure to give forty-eight (48) hours' notice for cancellation of an appointment for ALLERGY TESTING will result in the charge of seventy-five ($75) being applied to your account. Time reserved for those that miss appointments without advanced notice takes from other patients who otherwise may have been scheduled to see the doctor. Please schedule your appointments appropriately. We wish for all patients' timely care.

ASSIGNMENT OF BENEFITS: I request that payment of authorized insurance benefits be made to me or on my behalf to Southeast Michigan Ear, Nose and Throat, for any services furnished to me by that provider. I authorize any holder of medical information about me to release to my insurance company (or its managing company) and its agents any information needed to determine benefits payable for related services. This authorization is in effect for my lifetime, or until I choose to revoke it.

I have read the above Acknowledgements and Agreements and fully understand and accept the same.

Patients Name (Print) _____

Signature of Patient or Legal Guardian _____ **Date** _____

Southeast Michigan Ear, Nose and Throat
Notice of Privacy Practices

This notice describes how your medical information may be used, disclosed, and your patient rights. Please review this carefully.

OUR PLEDGE REGARDING MEDICAL INFORMATION

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, was enacted on August 21, 1996. Southeast Michigan ENT is committed in protecting your medical information. To comply with the HIPAA requirement, we are providing our Notice of Privacy Practices (NPP). This notice describes the medical privacy practices and that of all its employees and staff. This notice will not only offer an explanation of how your medical information may be used and disclosed, but also your patient rights and responsibilities.

HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED

The following categories describe different ways your medical information may be used or disclosed.

Treatment: Medical information may be used and disclosed to provide the patient with medical care.

Payment: Medical information may be used and disclosed in order to receive payment for services rendered from patient, insurance company or a third party.

Health Care Operations: Your medical information may be used and /or disclosed within the medial practice to enhance the quality of care of our patients.

Appointment Reminders: Disclosure of medical information may be utilized to contact and remind patient of an appointment for the treatment or medical care.

Treatment Alternatives: Medical information may be used and disclosed to inform or recommend possible treatment options to patient.

Health-Related Benefits and Services: Medical information may be used and disclosed to inform patient of health related benefits or services.

Individuals Involved in your care or payment: With the permission of the patient, medical information may be released to a close personal friend or family member who is involved in the patient's medical care and /or payment of care.

Special Situations When Permitted or Required by Law:

Medical information about patient may be disclosed in special situations when permitted or required by law, including the following:

- To Advert a serious threat to health and safety to the patient or public
- For public health and administrative oversight activities such as disease control abuse or neglect reporting health and vital statistics, audits, investigations and licensure reviews.
- For organ and tissue donation and transplant to facilitate organ or tissue donation
- For research purposes certain or limited information may be disclosed as permitted by law
- To Workers compensation or similar programs for the payment of the benefits for work-related injuries.
- To coroners, medical examiners, and funeral directors to identify a deceased person, to determine the cause of death or to carry out duties.
- To comply with court orders, judicial proceedings, or other legal processes related to law enforcement, custody of inmates, legal and administrative actions and criminal activity.
  For U. S. Military and Veteran reporting regarding members and veterans of the armed forces of U. S. or foreign military.
  For National security and intelligence activities such as protective services for the President and other authorized personnel.
  STATE AND OTHER FEDERAL LAWS: Southeast Michigan Ear, Nose and Throat will comply with all applicable state and federal laws.
  Other uses of Medical Information Required and Authorization: Other uses and disclosures of medical information not covered by this NOTICE or the laws that apply to us will be made only with the patient's written authorization. Authorization from patient to obtain or give medical information may be revoked at any time, in writing. Disclosure of medical information made prior to receiving written notice cannot.
  Your Rights regarding Patient Medical Information:
  Right to Inspect and Copy: Patient have the right to inspect and copy medical information that may be used to make decisions regarding their care. A reasonable fee may be charged.
  Right to Amend: Patient has the right to request their medical records be amended or corrected if needed. All requests must be in writing.
  Right to request Confidential Communications: Patient has the right to request that we communicate with them regarding their medical information by utilizing a particular venue or mailing to a certain location.
  Right to Paper Copy of this Notice: Patient has the right to request a copy of this notice at any time.
  Right to file a Complaint: A patient as the right to file a complaint regarding the privacy practices or if they believe that their privacy rights have been violated. Complaints maybe filed with SEMIENT. Patient may also file a complaint with the Secretary of Department of Health and Human Services. Under no circumstances with the patient be penalized for filing a complaint.

  You have many rights with regard to your medical information. If you wish to exercise any of these rights, please submit your request in writing to:

  Southeast Michigan Ear, Nose and Throat
  2454 Monroe St, Suite A
  Dearborn, MI 48124

  Changes to Notice
  Southeast Michigan Ear, Nose and Throat reserve the right to make any revisions or changes to the NOTICE. Any changes or revisions made to this notice will be effective for medical information already in our possessions as well as any information received in the future.

Southeast Michigan Ear, Nose and Throat

Dr. Danny Kewson Dr. Roger Toma Dr. Mark Toma
Tania Caballero, ACNP Deana Yasso-Vander Vliet, FNP Karen Bochenek, FNP

Past Medical History

- ○ Anemia
- ○ Anxiety
- ○ Arthritis
- ○ Asthma
- ○ Cholesterol
- ○ Cancer
  Type_____
- ○ Cardiovascular Disease
- ○ Depression
- ○ Developmental Problems
- ○ Diabetes
- ○ Difficulty Breathing
- ○ Ear Infection
- ○ Eczema
- ○ Emphysema
- ○ GERD
- ○ Glaucoma
- ○ Hay Fever
- ○ Headaches
- ○ Hearing Loss
- ○ Heart Attack
- ○ Heart Failure
- ○ Heart Problems
- ○ Hepatitis
- ○ Hernia
- ○ High Blood Pressure
- ○ Hypothyroidism
- ○ Injury
- ○ Kidney Infections
- ○ Language Barriers
- ○ Liver Disease
- ○ Meningitis
- ○ Mental Illness
- ○ Reflux/Heartburn
- ○ Peptic Ulcer
- ○ Seizures
- ○ Multiple Sclerosis
- ○ Sinusitis
- ○ Sleep Apnea
- ○ Snoring
- ○ Shortness of Breath
- ○ Stroke
- ○ Swelling
- ○ Thyroid Disease
- ○ TIA
- ○ Tonsillitis
- ○ Tuberculosis

HIV/STD POSITIVE:
Yes_____ No_____

Recent Hospitalization_____
Other Medical History_____

Tobacco Assessment: Smoking Status

Are you a current smoker? Yes_____ No_____ If yes, start date_____ Pack(s) per day_____
Are you a former smoker? Yes_____ No_____ If yes, quit date_____

Social History

Alcohol Use: Non-Drinker_____ Occasional Drinker_____ Heavy Drinker_____ Former Drinker_____
Illicit Drug Use: Yes_____ No_____ If yes, what drug? _____
Noise Exposure: Yes_____ No_____ If yes, do you use hearing protection? Yes_____ No_____
Exercise: Yes_____ No_____ If yes, how often? _____ Caffeine Servings per day: _____
Occupation: _____

Family History

- ○ Allergies
- ○ Alcoholism
- ○ Anemia
- ○ Asthma
- ○ Bleeding Disorder
- ○ Cancer (Type_____)
- ○ Congestive Heart Failure
- ○ Depression
- ○ Diabetes
- ○ Drug Use
- ○ GERD
- ○ Hearing Loss
- ○ Hypertension
- ○ Mental Illness
- ○ Obesity
- ○ Stroke
- ○ Thyroid Disease
- ○ Tuberculosis

Other Family History: _____

Surgical/Procedural

- ○ No prior surgical history
- ○ Appendectomy
- ○ Back/Neck surgery
- ○ Brain surgery
- ○ Breast surgery
- ○ Cataract surgery
- ○ Cancer surgery
- ○ Ear surgery
- ○ GYN/OB surgery
- ○ Gall bladder
- ○ Heart surgery
- ○ Hemorrhoids
- ○ Hernia
- ○ Hysterectomy
- ○ Orthopedic surgery
- ○ Rhinoplasty
- ○ Septoplasty
- ○ Stomach
- ○ Sinus surgery
- ○ Thyroid
- ○ Tonsil/Adenoidectomy
- ○ Tubal Ligation

Other Surgical Procedures: _____

Review of Symptoms

Name: _____ DOB: _____ Date: _____
Drug Allergies: _____
Current Medications & Dosage: _____
_____

Please check any of the following that you are **currently** experiencing:

EAR, NOSE & THROAT	○ Bad breath ○ Dental problems ○ Difficulty swallowing ○ Dryness of mouth ○ Earache ○ Facial pain ○ Hoarseness Other:	○ Loss of hearing ○ Nasal congestion ○ Nasal discharge ○ Nosebleeds ○ Snoring ○ Sore throat ○ Tinnitus/Ear ringing
IMMUNOLOGIC	○ Environmental allergies ○ HIV exposure ○ Hives	○ Immune deficiency ○ Persistent infections ○ Strong allergic reactions
CARDIOVASCULAR	○ Palpitations ○ Lightheadedness	○ Chest pain
CONSTITUTIONAL	○ Generally feeling well ○ Chills ○ Loss of appetite ○ Weight gain	○ Fever ○ Headache ○ Tired ○ Weight loss
ENDOCRINE/HEME/ONC	○ Hot flashes ○ Excessive sweating ○ Excessive thirst ○ Jaundice	○ Hair problems ○ Night sweats ○ Temperature intolerance ○ Bleeding disorder
EYES	○ Blurred vision ○ Cataracts	○ Double vision
GASTROINTESTINAL	○ Constipation ○ Heartburn	○ Diarrhea ○ Ulcer
GENITOURINARY	○ Burning on urination ○ Hesitancy	○ Kidney stones ○ Frequent urination
HEMATOLOGIC	○ Easy bleeding tendency ○ Easy bruising tendency	○ Excessive bleeding ○ Swollen lymph nodes
NEUROLOGICAL	○ Difficulty walking ○ Dizziness ○ Headache ○ Memory loss ○ Numbness	○ Seizures ○ Speech difficulties ○ Tingling ○ Tremors ○ Weakness
MUSCULOSKELETAL	○ Arthritis ○ Back pain ○ Bone pain ○ Joint pain	○ Joint stiffness ○ Joint swelling ○ Leg pain ○ Muscle aches
PSYCHIATRIC	○ Anxiety ○ Depression	○ Hallucinations ○ Sleep disturbances
RESPIRATORY	○ Cough ○ Coughing up sputum	○ Difficulty breathing ○ Shortness of breath ○ Wheezing