

Please Print Clearly

<input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> OTHER:	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	SEXUAL ORIENTATION <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Lesbian, gay or homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> OTHER: <input type="checkbox"/> Declined to Specify	GENDER IDENTITY <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Genderqueer <input type="checkbox"/> OTHER	<input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Declined to Specify	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
LAST FIRST MI			Birth Date:		
Also Known As:			Home Ph:		
ADDRESS: STREET CITY STATE ZIP CODE			Work Ph:		
			Cell Ph:		
			SSN:		
How did you hear about us? <input type="checkbox"/> Friend <input type="checkbox"/> Doctor <input type="checkbox"/> Insurance <input type="checkbox"/> Website <input type="checkbox"/> Other	E-Mail Address:		DO YOU UNDERSTAND ENGLISH? <input type="checkbox"/> Y <input type="checkbox"/> N		
	Referring Dr.:		Ref. Ph:		
	Family Physician:		F.P. Ph:		
	Optometrist:		Opto. Ph:		
	Pharmacy:		Pharm. Ph:		
Emergency Contact:		Relationship to Patient	Home Ph:		
			Cell Ph:		

RESPONSIBLE PARTY	RELATIONSHIP TO PATIENT: _____
Last First MI	Home Ph:
Address: Street City State Zip Code	Work Phone
E-Mail Address:	Cell Ph:

ASSIGNMENT OF BENEFITS

(Required to bill your Insurance)

PLEASE COMPLETE & SIGN

I hereby authorize direct payment of insurance benefits available for professional and/or surgical benefits to which I am entitled to Berkeley Ophthalmology Medical Group, Inc. I authorize Berkeley Ophthalmology Medical Group, Inc. to release any information acquired in the course of my examination or treatment. This assignment will remain in effect until revoked by me in writing. A photocopy is to be considered as valid as original. I understand that I am financially responsible for all charges whether or not paid by insurance.

PATIENT/ GUARDIAN SIGNATURE _____ DATE _____

PATIENT/ GUARDIAN NAME (PLEASE PRINT) _____

AFTER HOURS EMERGENCIES

Call our office (510) 548-6630 and speak with our answering service. If no ophthalmologist is available, Alta Bates emergency room has an ophthalmologist on call at all times.

Continued on the Back

EMPLOYMENT INFORMATION

Current/Former Profession: _____

☐ Full-Time☐ Part-Time☐ Retired☐ Not Employed

Employer: _____

Employer Ph: _____

Is the Patient's Condition Is Related To: ☐ Employment ☐ Auto Accident ☐ Other: _____**INSURANCE INFORMATION**☐ NO INSURANCE**(1st) PRIMARY INSURANCE**

ID NUMBER: _____

SUBSCRIBER'S NAME: _____

PLAN NUMBER: _____

SUBSCRIBER'S BIRTH DATE: _____

SUBSCRIBER'S SSN: _____

SUBSCRIBER'S RELATIONSHIP TO PATIENT ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER**(2nd) SECONDARY INSURANCE**

ID NUMBER: _____

SUBSCRIBER'S NAME: _____

PLAN NUMBER: _____

SUBSCRIBER'S BIRTH DATE: _____

SUBSCRIBER'S SSN: _____

SUBSCRIBER'S RELATIONSHIP TO PATIENT ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER**(3rd) TERTIARY INSURANCE**

ID NUMBER: _____

SUBSCRIBER'S NAME: _____

PLAN NUMBER: _____

SUBSCRIBER'S BIRTH DATE: _____

SUBSCRIBER'S SSN: _____

SUBSCRIBER'S RELATIONSHIP TO PATIENT ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER**A BRIEF DESCRIPTION OF NOTICE OF PRIVACY PRACTICES / HIPAA (Health Insurance Portability & Accountability Act)**

For a more extensive version of our Notice of Privacy Practices/HIPAA. Please ask our staff or check out the resources page on our website: <https://www.bomg.org>

HIPAA gives you the ability to do any of the following:

- View the information listed in your health records
- Request corrections to information on said records
- Decide who can access and share your health information (and more importantly, who can't)
- Require providers and other healthcare facilities to request permission to share your information for marketing and other non-treatment purposes

Is All of My Information Protected?

- Any information a doctor puts in your medical record
- Information stored within the computer system of your health insurer
- Billing information from your healthcare provider
- Conversations your doctor has with nurses or other physicians regarding your treatment or care

If at any time you feel that your privacy rights have been violated, HIPAA regulations allow you to file a complaint with Health and Human Services, or file a complaint directly against your insurer or provider. Failure to comply with HIPAA regulations can result in many negative consequences for a healthcare provider. These include both civil and criminal penalties.

All healthcare workers must undergo some kind of training or education on HIPAA compliance. Health insurance companies must follow HIPAA regulations. Any Healthcare provider who conducts business electronically must comply with all recent regulations.

I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at: _____

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

PATIENT/ GUARDIAN SIGNATURE _____ DATE _____

PATIENT/ GUARDIAN NAME (PLEASE PRINT) _____

If not signed by the patient, please indicate: Relationship: _____

Complete the following only if the Patient refuses to sign the Acknowledgment.

Reasons for refusal: _____

Notice of Privacy Practices

Office Manager/Privacy Officer: 510-548-6630

It is the policy of this medical practice that our employees comply with our Notice of Privacy Practices, which is consistent with HIPAA and California law.

Our Notice of Privacy Practices is provided to all our patients at the first patient encounter if possible. It is also posted in our "waiting room" area, and copies are available for distribution at our reception desk. Our Notice of Privacy Practices will contain language similar to this:

A. How this Medical Practice May Use or Disclose Health Information

This medical practice collects medical and related identifiable patient information (such as billing information, claims information, referral and health plan information) and stores it in a chart, in administrative or billing files and on a computer. This information is considered "protected health information" under the HIPAA Privacy Rule. The law permits us to use or disclose health information for the following purposes without the patient's written authorization:

- 1. Treatment.** We use medical information to provide medical care. We disclose medical information to our employees and others who are involved in providing the care our patients need. For example, we may share medical information with other physicians or other health care providers who will provide services which we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription, or a laboratory that performs a test. We may also disclose medical information to members of patients' families or others who can help them when they are sick or injured.
- 2. Payment.** We use and disclose PHI to obtain payment for the services we provide. For example, we give health plans the information they require before they will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to our patients.
- 3. Health Care Operations.** We may use and disclose PHI to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get health plans to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share PHI with our "business associates", such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of this PHI. Although federal law does not protect health information which is disclosed to

A. How this Medical Practice May Use or Disclose Health Information continued...

someone other than another healthcare provider, health plan or healthcare clearinghouse, under California law all recipients of health care information are prohibited from redisclosing it except as specifically required or permitted by law. We may also share PHI with other health care providers, health care clearinghouses or health plans that have a relationship with one of our patients, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. From time to time, we may share PHI with our professional liability carrier for our defense or their ongoing quality review of our medical practice. We may also share PHI with all the other health care providers, health care clearinghouses and health plans who participate in the organized health care arrangements in which we participate for any health care operations activities of these organized health care arrangements. Our Privacy Official maintains a current list of these arrangements, which include among others all relevant hospitals, IPAs, and health plans in which this medical practice participates.

- 4. Appointment Reminders.** We may use and disclose medical information to contact and remind our patients about appointments.
- 5. Sign-in sheet.** We may use and disclose medical information about our patients by having them sign in when they arrive at our office. We may also call out their names when we are ready to see them.

6. Notification and communication with family. We may disclose our patients' health information to notify or assist in notifying family members, personal representatives or other persons responsible for their care about their location, general condition or in the event of death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with our patient's care or helps pay for care. If our patient is able and available to agree or object, we will give the patient the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over the patient's objection if we believe it is necessary to respond to the emergency circumstances. If our patient is unable or unavailable to agree or object, our health professionals will use their best judgment in communication with the patient's family and others.

7. Marketing. We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. If you are currently an enrollee of a health plan, we may receive payment for communications to you in conjunction with our provision, coordination, or management of your health care and related services, including our coordination or management of your health care with a third party, our consultation with other health care providers relating to your care, or if we refer you for health care, but only to the extent these communications describe: 1) a provider's participation in the health plan's network, 2) the extent of your covered benefits,

A. How this Medical Practice May Use or Disclose Health Information continued...

or 3) concerning the availability of more cost-effective pharmaceuticals. We will not accept any payment for other marketing communications without your prior written authorization unless you have a chronic and seriously debilitating or life-threatening condition and we are making the communication in conjunction with our provision, coordination, or management of your health care and related services, including our coordination or management of your health care with a third party, our consultation with other health care providers relating to your care, or if we refer you for health care. If we make these types of communications to you while you have a chronic and seriously debilitating or life-threatening condition, we will tell you who is paying us, and we will also tell you how to stop these communications if you prefer not to receive them. We will not otherwise use or disclose your medical information for marketing purposes without your written authorization, and we will disclose whether we receive any payments for any marketing activity you authorize.

8. Required by law. As required by law, we will use and disclose our patients' health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirements set forth below concerning those activities.

9. Public health. We may, and are sometimes required by law, to disclose our patient's health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform our patients or their personal representatives promptly unless in our best professional judgment, we believe the notification would place a patient at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

10. Health oversight activities. We may, and are sometimes required by law, to disclose our patients' health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

11. Judicial and administrative proceedings. We may, and are sometimes required by law, to disclose our patients' health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about our patients in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify them of the request and they have not objected, or if their objections have been resolved by a court or administrative order.

A. How this Medical Practice May Use or Disclose Health Information continued...

12. Law enforcement. We may, and are sometimes required by law, to disclose our patients' health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

13. Coroners. We may, and are often required by law, to disclose our patients' health information to coroners in connection with their investigations of deaths.

- 14. Organ or tissue donation.** We may disclose our patients' health information to organizations involved in procuring, banking or transplanting organs and tissues.
- 15. Public safety.** We may, and are sometimes required by law, to disclose our patients' health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- 16. Specialized government functions.** We may disclose our patients' health information for military or national security purposes or to correctional institutions or law enforcement officers that have the patient in their lawful custody.
- 17. Workers' compensation.** We may disclose our patients' health information as necessary to comply with workers' compensation laws. For example, to the extent our patients' care is covered by workers' compensation, we will make periodic reports to their employers about their conditions. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
- 18. Other disclosures specified in our Notice of Privacy Practices.** We may disclose our patients' health information as otherwise described in our Notice of Privacy Practices.
- 19. Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

B. When This Medical Practice May Not Use or Disclose Health Information

Except as described in our Notice of Privacy Practices, this medical practice will not use or disclose health information which identifies individual patients without their written authorization. If a patient authorizes this medical practice to use or disclose health information for another purpose, the patient may revoke the authorization in writing at any time.

C. Our Patients' Health Information Rights

- 1. Right to Request Special Privacy Protections.** Our patients have the right to request restrictions on certain uses and disclosures of their health information, by a written request specifying what information they want to limit and what limitations on our use or disclosure of that information they wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons.

We reserve the right to accept or reject any other request, and will notify you of our decision.

- 2. Right to Request Confidential Communications.** Our patients have the right to request that they receive their health information in a specific way or at a specific location. For example, they may ask that we send information to a particular e-mail account or to their work address. We will comply with all reasonable requests submitted in writing which specify how or where they wish to receive these communications.
- 3. Right to Inspect and Copy.** Our patients have the right to inspect and copy their health information, with limited exceptions. To access their medical information, they must submit a written request detailing what information they want access to and whether they want to inspect it or get a copy of it. We will respond to every written request within the time required by California and federal law. We will charge a reasonable fee, as allowed by California and federal law. We may deny their request under limited circumstances. If we deny their request to access their child's records or the records of an incapacitated adult they are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, they will have a right to appeal our decision. If we deny our patient's request to access his or her psychotherapy notes, the patient will have the right to have them transferred to another mental health professional. If your written request clearly, conspicuously and specifically asks us to send you or some other person or entity an electronic copy of your medical record, and we do not deny the request as discussed above, we will send a copy of the electronic health record as you requested, and will charge you no more than what it cost us to respond to your request.
- 4. Right to Amend or Supplement.** Our patients have a right to request that we amend their health information that they believe is incorrect or incomplete. Our patients must make a request to amend in writing, and include the reasons they believe the information is inaccurate or incomplete. We are not required to change their health information, and if we refuse, we will provide them with information about this medical practice's denial and how they can disagree with the denial. We may deny their request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if they would not be permitted to inspect or copy the information at issue, or if the information is

accurate and complete as is. Our patients also have the right to request that we add to their record a statement of up to 250 words concerning any statement or item they believe to be incomplete or incorrect.

C. Our Patients' Health Information Rights continued...

5. Right to an Accounting of Disclosures. Our patients have a right to receive an accounting of disclosures of their health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to them or pursuant to their written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 16 (specialized government functions) of Section I.A. above, or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6. Right to a Paper Copy of Notice of Privacy Practices. Our patients have a right to a paper copy of this Notice of Privacy Practices, even if they have previously requested its receipt by e-mail. A copy of the current notice posted in our reception area, and will offer you a copy at each appointment. You may also download a current copy of our notice from our website. <https://www.bomg.org/>

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received.