

**Patient Registration**

Patient's Name: \_\_\_\_\_

(Nombre del paciente) (Last Name)

(First)

(Middle)

Address: \_\_\_\_\_

(Dirección) (Street Name)

(City/State)

(Zip Code)

Email Address: \_\_\_\_\_

(Mande un correo electrónico dirección)

Primary Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

(Número de teléfono primario)

Work #: ( ) \_\_\_\_\_ - \_\_\_\_\_

(Trabaje número de teléfono)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Fecha de nacimiento)

Age: \_\_\_\_\_

(Edad)

Gender: Male \_\_\_ Female \_\_\_

(Hombre)

(Mujer)

Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Seguro social)

Marital Status: Married \_\_\_ Single \_\_\_ Widowed \_\_\_ Divorced \_\_\_

(Casado)

(Soltero)

(Viudo)

(Divorciado)

Emergency Contact: \_\_\_\_\_

(Contacto de emergencia)

Phone Number: \_\_\_\_\_

(Número de teléfono)

**Guarantor's Information**

Guarantor's Name: \_\_\_\_\_

(Nombre de la persona responsable)

SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Seguro social)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Fecha de nacimiento)

**Insurance Information**

Name of Insured: \_\_\_\_\_

(El nombre de Asegurado)

Name of Primary Insurance: \_\_\_\_\_

(El nombre de Seguro Primario)

Member ID #: \_\_\_\_\_

(Número de miembro identificación)

Group #: \_\_\_\_\_

(Agrupe número)

Name of Secondary Insurance: \_\_\_\_\_

(El nombre de Seguro Secundario)

Member ID #: \_\_\_\_\_

(Número de miembro identificación)

Group #: \_\_\_\_\_

(Agrupe número)



The University of Oklahoma

## The Clinic - Union Employee Health

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### CONSENT FOR USE OF PROTECTED HEALTH INFORMATION FOR IN-OFFICE TREATMENT, PAYMENT, AND OPERATIONS

I consent to the use of my Protected Health Information for treatment, payment for treatment, and OU's health care operations purposes for myself or for the patient for whom I am the parent or legally authorized representative. I understand that the University of Oklahoma ("OU") will share patient protected health information according to the federal and state law for treatment, payment, and operations, as well as in accordance with its Notice of Privacy Practices.

I understand that the patient is responsible for all charges incurred, regardless of the patient's insurance status. I agree that the patient must pay for services as the patient incurs the charges. I authorize OU to provide necessary information to the patient's insurance carrier or other payer for payment purposes, and I authorize my insurance company/payer to pay OU for services filed on my behalf. This assignment remains effective until I revoke it in writing.

If I am an OU student seeking student health services or treatment, I consent to the release of my treatment/education records for payment for services rendered to my insurance carrier or payer and authorize the carrier or payer to pay OU for services rendered.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

\*Signature of Legal Representative: \_\_\_\_\_

Printed Name of Legal Representative: \_\_\_\_\_

\*May be requested to show proof of representative status.



The University of Oklahoma  
Enter Entity Here

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**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have been provided the University of Oklahoma's ("OU") Notice of Privacy Practices ("Notice"):

- The Notice tells me how OU will use my health information for the purposes of my treatment, payment for my treatment, and OU's health care operations.
- The Notice explains in more detail how OU may use and share my health information for purposes other than treatment, payment, and health care operations.
- OU will also use and share my health information as required/permitted by law.
- If I am an OU student receiving student health services, I consent to OU using and disclosing my treatment and education records it maintains for the purposes detailed in OU's Notice of Privacy Practices.

Patient's Complete Legal Name: \_\_\_\_\_  
(please print)

Patient's DOB \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Patient or Legal Representative\*)

\*May be requested to show proof of representative status

# PATIENT HISTORY

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ M OR F

REASON FOR VISIT: \_\_\_\_\_

<b>MEDICATIONS:</b>	<b>ALLERGIES:</b>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

<b>SURGERIES:</b>	<b>PREGNANCIES:</b> _____	<b>OTHER ILLNESSES OR INJURIES:</b>
1. _____	<b>BIRTHS:</b> _____	1. _____
2. _____	<b>LAST PERIOD:</b> _____	2. _____
3. _____	<b>LAST PAP:</b> _____	3. _____
4. _____	<b>MAMMOGRAM:</b> _____	4. _____
5. _____	<b>CONTRACEPTION:</b> _____	5. _____

<b>OCCUPATION:</b> _____		<b>EMPLOYER:</b> _____		
<b>STATUS</b>	<b>TOBACCO</b>	<b>ALCOHOL</b>	<b>DRUGS</b>	<b>EXERCISE</b>
SINGLE	NEVER	NEVER	NEVER	NONE
MARRIED	PAST	MINIMAL	PAST	SOME
DIVORCED	PRESENT	MODERATE	CURRENT	REGULARLY
OTHER	WHAT?	HEAVY		WHAT?
<b>WHO LIVES IN YOUR HOME?</b> _____				

<b><u>FAMILY HISTORY</u></b>	
<b>MOTHER:</b> _____	<b>DIABETES?</b> _____
<b>FATHER:</b> _____	<b>HIGH BLOOD PRESSURE?</b> _____
<b>SIBLINGS:</b> _____	<b>HEART ATTACKS?</b> _____
	<b>STROKES?</b> _____
<b>CHILDREN:</b> _____	<b>CANCERS?</b> _____
	<b>OTHER?</b> _____

<b>DATE OF LAST: PHYSICAL</b> _____	<b>VACCINATIONS:</b>	<b>HAVE YOU HAD: HEALTH RISK ASSESSMENT?</b> _____
<b>COLONOSCOPY:</b> _____	<b>TDAP:</b> _____	<b>PERSONAL WELLNESS PROFILE?</b> _____
<b>BONE DENSITY:</b> _____	<b>PNEUMONIA:</b> _____	<b>SIGN HERE IF CLINIC MAY ACCESS THESE RESULTS</b>
<b>ANY HEART TESTS?</b> _____	<b>SHINGLES:</b> _____	

DO YOU HAVE AN ADVANCED DIRECTIVE? \_\_\_\_\_ HEALTHCARE PROXY? \_\_\_\_\_

PRIMARY CARE PROVIDER: \_\_\_\_\_ SPECIALISTS: \_\_\_\_\_

HOW CAN THIS CLINIC HELP YOU? ACUTE CARE? \_\_\_\_\_ PRIMARY CARE? \_\_\_\_\_ PREVENTIVE CARE? \_\_\_\_\_ OTHER \_\_\_\_\_

**OU CARES FOR U**

UNIVERSITY OF OKLAHOMA  
NOTICE OF PRIVACY PRACTICES  
EFFECTIVE DATE: APRIL 14, 2003  
LAST REVISED: MARCH 23, 2013

This NOTICE describes how your medical information may be used and disclosed and how you can get access to that information. It applies to the health information used to make decisions about your care that the University of Oklahoma (OU) generates or maintains.

Please review it carefully.

OU is required by law to protect the privacy of your health information, give you a Notice of OU's legal duties and privacy practices, and follow the current Notice. It will be followed by all employees, students, and volunteers of the health care components of OU, which include, but are not limited to all or part of:

College of Allied Health  
College of Dentistry  
College of Medicine and  
OU Physicians  
College of Medicine – Tulsa and  
OU Physicians – Tulsa  
College of Nursing  
College of Pharmacy  
College of Public Health  
George Nigh Rehabilitation Institute  
Counseling Psychology Clinic  
Department of Athletics  
Goddard Health Center  
Student Counseling Services  
Certain administrative offices  
Certain operations offices

**1. Uses and Disclosures of Your Health Information**

The following categories describe some of the ways that OU may use and disclose your health information.

**Treatment:** OU will use your health information to provide you with medical treatment/services and for treatment activities of other health care providers. *Example:* Your health information may be used by other OU employees involved in your care.

**Payment:** OU may use your health information for payment activities, such as to determine plan coverage, to bill/collect, or to help another health care provider with payment activities. *Example:* Your health information may be released to an insurance company to get pre-approval of or payment for services.

**Operations:** OU may use your health information for uses necessary to run its healthcare businesses, such as to conduct quality assessment activities, train, or arrange for legal services. *Example:* OU may use your health information to conduct internal audits to verify proper billing procedures.

**Education:** Education is part of OU's healthcare operations. OU may use and disclose your health information to faculty, staff, current and prospective students, volunteer and visiting faculty, and trainees and observers as part of its educational mission. *Example:* Your

provider may discuss your case with students as part of a learning experience.

**Business Associates:** OU may disclose your health information to other entities that provide a service to OU or on OU's behalf that requires the release of your health information, such as billing service, but only if OU has received satisfactory assurance that the other entity will protect your health information.

**Individuals Involved in Your Care or Payment for Your Care:** OU may release your health information to a friend, family member, or legal guardian who is involved in your care or who helps pay for your care.

**Directory [applies only to George Nigh Rehabilitation Institute]:** OU may include your name, location, general condition, and religious affiliation in a directory if you are staying overnight. Your religious affiliation may be given to a clergy member, even if you are not asked for by name, and your other information may be released to people who ask for you by name. *If you do not want to be in the directory,* notify us when you register at the facility and complete an "opt out" form.

**Research:** OU may use and disclose your health information to researchers for research. Your health information may be disclosed for research without your authorization if the authorization requirement has been waived or revised by a committee charged with making sure the disclosure will not pose a great risk to your privacy or that steps are being taken to protect your health information, to researchers to prepare for research under certain conditions, and to researchers who have signed an agreement promising to protect the information. Health information regarding deceased individuals can be released without authorization under certain circumstances.

**Organ and Tissue Donation:** If you are an organ donor, OU may release health information to organ donation banks or organizations that handle organ or tissue procurement or transplantation.

**Fundraising/Marketing:** OU may use (or release to an OU-related foundation) certain information such as your name, address, department of service, and treatment dates for fundraising. If you do not want to be contacted for fundraising efforts, notify OU's Privacy Official at the

phone number or address in Paragraph 6 below. OU will not use your health information to contact you for marketing purposes or sell your health information without your written permission.

**2. Uses and Disclosures of Health Information Required/Permitted By Law:** The following categories describe some of the ways that OU may be allowed or required to use or disclose your health information.

**Required by Law/Law Enforcement:** OU may use and disclose your health information if required by federal, state, or local law, such as for workers' compensation, and if requested by law enforcement officials for purposes such as responding to a court order.

**Public Health and Safety:** OU may use and disclose your health information to prevent a serious threat to the health and safety of you, others, or the public and for public health activities, such as to prevent injury. *Example:* Oklahoma law requires OU to report birth defects and cases of communicable disease.

**Food & Drug Administration (FDA) and Health Oversight Agencies:** OU may disclose health information about incidents related to food, supplements, product defects, or post-marketing surveillance to the FDA and manufacturers to enable product recalls, repairs, or replacements; and to health oversight agencies for activities authorized by law, such as audits.

**Lawsuits/Disputes:** If you are involved in a lawsuit/dispute and have not waived the physician-patient privilege, OU may disclose your health information under a court/administrative order, subpoena, or discovery request after attempting to inform you of the request.

**Coroners, Medical Examiners, and Funeral Directors:** OU may release your health information to coroners, medical examiners, or funeral directors to enable them to carry out their duties.

**National Security/Intelligence Activities and Protective Services:** OU may release your health information to authorized national security agencies for the protection of certain persons or to conduct special investigations.

**Military/Veterans:** OU may disclose your health information to military authorities if you are an armed forces or reserve member.

**Inmates:** If you are an inmate of a correctional facility or are in the custody of law enforcement, OU may release your health information to a correctional facility or law enforcement official so they may provide your health care or protect the health and safety of you or others.

**Oklahoma law requires that OU inform you that health information used or disclosed may indicate the presence of a communicable or noncommunicable disease. It may also include information related to mental health.**

**If OU wants to use and/or disclose your health information for a purpose not in this Notice or required/permitted by law, OU must get specific authorization from you for that use and/or disclosure, and you may revoke it at any time by contacting the Privacy Official at the phone number or address in Paragraph 6.**

OU must obtain your authorization to use or disclose your psychotherapy notes, unless the use is for Treatment by your provider.

### **3. Your Rights Regarding Your Health**

**Information:** You have the rights described below in regard to the health information that OU maintains about you. You must submit a written request to exercise any of these rights. Forms for this purpose are available at any of the locations where OU provides medical services. You also can get the forms by contacting the University's Privacy Official at the number or address in Paragraph 6 or at <http://www.ouhsc.edu/hipaa/forms-patients.asp>.

**Right to Inspect/Copy:** You have the right to inspect and get a copy of health information maintained by OU and used in decisions about your care. This right does not apply to psychotherapy notes and certain other information. By law, OU may charge in advance \$1.00 for the first page, \$.50 for additional pages, up to \$5.00 per x-ray, image, or slide, and \$.12 cents per digital page, plus postage, payable prior to the release of the requested records (or those amounts permitted by current law). OU may deny your request in certain circumstances. You may request a licensed health care professional chosen by OU to review a denial based on medical reasons; OU will comply with this decision.

**Right to Amend:** If you believe health information OU created is inaccurate or incomplete, you may ask OU to amend it. OU cannot delete or destroy any information already included in your media record. You must provide a reason for your request. OU may deny your request if you ask to amend information that OU did not create (unless the person or entity that created the information is not available to make the amendment); that is not part of the health information OU maintains; that is not part of the information you are permitted by law to inspect and copy; or that is accurate and complete.

**Right to Accounting of Disclosures:** You have the right to ask for a (free) list of disclosures OU has made of your health information. OU is not required to list all disclosures, such as those you authorized. *You must state a time period, which may not be longer than 6 years or include dates before April 14, 2003.* If you request more than one accounting in a 12-month period, OU may charge you for the cost of the list. OU will tell you the cost; you may withdraw or change your request before the copy is made.

**Right to Request Restrictions:** You have the right to request a restriction or limit on how OU uses or discloses your health information. You must be specific in your request for restriction. You may restrict disclosure of your health information to a health plan if you choose to pay out-of-pocket in full for the services at the time they are provided. OU is not required to agree to every request. If OU agrees or is required to comply, OU will comply with the request unless the information is required to be disclosed by law or is needed in case of emergency. *Example:* You may want to pay cash in advance for services rather than have your insurance billed.

**Right to Request Confidential Contacts:** You have the right to request that OU contact you about medical issues in a certain way, such as by mail. You must specify how or where you wish to be contacted; OU will try to accommodate reasonable requests.

**Right to a Copy of This Notice:** You have the right to a paper or electronic copy of this Notice, which is posted and available at each location where medical services are provided and is on OU's website.

**4. Changes to this Notice:** OU reserves the right to change this Notice and to make the revised Notice effective for health information OU created or received about you prior to the revision, as well as to information it receives in the future. Revised Notices will be posted and available at each location where medical services are provided and on OU's website.

**5. Right to be Notified.** OU will notify you if your unsecured health information is breached.

**6. Complaints.** If you believe your privacy rights have been violated, you may file a complaint with OU's Privacy Official, Jill Bush Raines, at (405) 271-2511; 1-866-836-3150; [OU.Compliance@ouhsc.edu](mailto:OU.Compliance@ouhsc.edu); or PO Box 26901, OKC, OK 73126-0901; or with the Secretary of the Department of Health and Human Services, Office of Civil Rights – DHHS, 1301 Young Street, Suite 1169, Dallas, TX 75202, (214) 767-4056; (214) 767-8940 TDD. Submit a written complaint within 180 days of when you knew or should have known of the circumstance leading to the complaint. **You will not be retaliated against for filing a complaint.**



OU Office of Compliance  
940 Stanton L. Young Blvd., Room 127A  
Oklahoma City, OK 73104  
Phone (405) 271-2511  
Fax (405)271-1768