

Kurtis Waters MD, PA

13359 Isle Drive, Suite 1, Baxter, MN 56425

(This information is necessary for our files & will be considered confidential)

PATIENT'S FULL NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ SEX: M F

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

PRIMARY PHONE # TO CONTACT YOU: _____

ALTERNATE PHONE #: _____

ALTERNATE PHONE #: _____

EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____ CONTACT INFO: _____

HOW DID YOU HEAR ABOUT US? _____

WOULD YOU LIKE TO HEAR ABOUT UPCOMING SEMINARS, PROMOTIONS, AND SPECIALS?

___ **yes** ___ **no**

Financial Policy

This is an agreement between Kurtis Waters MD, PA, as a creditor, and the patient/debtor named on this form. Insurance co-pays and certain services which are not covered by insurance are expected to be paid on the day of service.

Policy for Non-Insurance Based Services:

- Payment in full is required on the date of service for all non-insurance based procedures and consultations.
- Payment for a scheduled cosmetic surgery must be received 14 days prior to the date of surgery. If this payment is received after that date, surgery may be rescheduled from 14 days of receipt of payment.
- Payment types accepted are: cash, check, Visa, MasterCard, Discover, or Care Credit.

Returned Checks:

- Any checks returned by your financial institution will be assessed a late fee of \$25.00.

Effective Date:

- Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Patient's Name: _____

Responsible Party: _____
(If not the patient)

Signature: _____ Date: _____

Name: _____

Date of Birth: _____

Past Medical History

Have you been treated for:

	No	Yes		No	Yes
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Eye Disease/Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Sinus Problems	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Thyroid Disorder	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Lung Problems	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Palpitations	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Stomach Problems	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Ulcers	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			Anemia	<input type="checkbox"/>	<input type="checkbox"/>
			Bleeding Problems	<input type="checkbox"/>	<input type="checkbox"/>
			Allergy	<input type="checkbox"/>	<input type="checkbox"/>
			Stroke	<input type="checkbox"/>	<input type="checkbox"/>
			Seizures/Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
			Depression	<input type="checkbox"/>	<input type="checkbox"/>
			Cancer	<input type="checkbox"/>	<input type="checkbox"/>
			Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
			Alcohol Problem	<input type="checkbox"/>	<input type="checkbox"/>
			AIDS/HIV	<input type="checkbox"/>	<input type="checkbox"/>
			Blood Clots	<input type="checkbox"/>	<input type="checkbox"/>
			Anesthesia Problem	<input type="checkbox"/>	<input type="checkbox"/>
			Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
			Other	<input type="checkbox"/>	<input type="checkbox"/>

List Surgeries/Pertinent Hospitalizations: _____

Family Medical History

	No	Yes	Relative		No	Yes	Relative
	<input type="checkbox"/>	<input type="checkbox"/>		Bleeding Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid Problem	<input type="checkbox"/>	<input type="checkbox"/>		Anesthesia Problem	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>					

Social

Tobacco:

Smoking Y N Quit _____

Chew Y N Quit _____

Education: _____

Occupation: _____

Alcohol – Drinks/week _____

Exercise Program Y N

Daily Aspirin use Y N

Kurtis Waters MD, PA
13359 Isle Drive, Suite 1, Baxter, MN 56425

**THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS
INFORMATION. PLEASE REVIEW IT CAREFULLY.**

1. Kurtis Waters MD, PA is permitted to make uses and disclosures of **protected health information** (PHI) for treatment, payment, and health care operations, as described in the following examples:
 - a. For treatment – (e.g., to discuss your PHI with other healthcare providers)
 - b. For payment – (e.g., to submit information to your insurance company)
 - c. For health care operations – (e.g., to send the minimum necessary of your PHI to other healthcare providers as appropriate)
2. Kurtis Waters MD, PA is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization. Minnesota state law, when more stringent than federal law, will be followed.
3. Other uses and disclosures will be made only with the individual's written authorization, and the individual may revoke such authorization.
4. Kurtis Waters MD, PA may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual or patient.
5. The individual has the following rights regarding protected health information:
 - a. The right to request restrictions on certain uses and disclosures of protected health information. Kurtis Waters MD, PA is not required to agree to a requested restriction, however.
 - b. The right to receive confidential communications of protected health information, as applicable.
 - c. The right to inspect and copy protected health information, as provided in the Privacy Regulation.
 - d. The right to amend protected health information, as provided in the Privacy Regulation.
 - e. The right to receive an accounting of disclosures of protected health information.
 - f. The right to obtain a paper copy of the Notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.

6. Kurtis Waters MD, PA is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.
7. Kurtis Waters MD, PA is required to abide by the terms of the Notice currently in effect.
8. Kurtis Waters MD, PA reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
9. Kurtis Waters MD, PA will provide individuals or patients with a revised Notice on request in person or by mail after an official public notification in the Brainerd Daily Dispatch.
10. Individuals may complain to Kurtis Waters MD, PA and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated by calling or writing and requesting a complaint form.
11. Kurtis Waters MD, PA contact person for matters relating to complaints is:

Call:

Privacy Officer @ 218-454-8888

Or **Write** to:

Kurtis Waters MD, PA
13359 Isle Drive, Suite 1
Baxter, MN 56425

12. This Notice is first in effect 12/1/2007.

**Kurtis Waters MD, PA
13359 Isle Drive, Suite 1
Baxter, MN 56425
218-454-8888**

I hereby acknowledge that I have received a copy of Kurtis Waters MD, PA Notice of Privacy Practices.

Signature

Date:_____

Optional:

Email address:_____@_____

This address is considered part of your **protected health information**, and will be used by Kurtis Waters MD, PA only for your benefit.