SOUTH TEXAS FOOT SPECIALIST

Evan Bridges, DPM Viraj Rathnayke, DPM

2021 UPDATE

Patient Name: ______________________________ DOB: ____________

SSN: ______________________ Email Address: ______________________________

Address: ____

City: ________________________________, TX Zip Code: __________________

Home Phone No: ___________________________ Marital Status: S M D W

Cell Phone No: ___________________________ Ethnicity________________

Emergency Contact Name and Phone #______________________________________

AUTHORIZATION TO RELEASE MEDICAL HISTORY

❑ Do Not Release any information

Release to: Name______________________________ Relationship____________________

Please list the pharmacy where your prescriptions are filled:

Pharmacy: ____________________________________

Address: ____________________________________

Phone Number: ________________________________

IF INSURANCE HAS CHANGED SINCE LAST VISIT, PLEASE COMPLETE

Current Primary Medical Insurance Company: ______________________________

ID Number: ______________________________

Group Number: ___________________________

Customer Service Phone Number: ___________________________

Subscriber/Policyholder: ___________________________________

- ○ I have read and understand the Financial Policy for South Texas Foot Specialist
- ○ I have been notified of the HIPAA Notice of Privacy Practice

Patient/Parent/Guardian Signature: ______________________________________

Date: ___________________________

SOUTH TEXAS FOOT SPECIALIST

Patient Medical History

Height______________________ Weight_______________

CHIEF COMPLAINT ❑NEW ❑EXISTING

New Complaint: ____ Duration: ____________________________________

Have you been treated for this before? Y N If so, when? ____________________ Was this an accident? Y N

If yes, date of accident/injury: _________________________________ Place: _____________________________________

SOCIAL HISTORY

Tobacco: Y N Frequency: ________________ Caffeine Y N Type: ________________ Alcohol Y N Frequency: _____________

Drug Use: Y N Type: ________________ Exercise Y N Frequency: ________________

Diabetic Doctor/PCP: ______________________________________ Phone: ____________________ Date Last Seen: ________________

MEDICAL HISTORY

- ○ ADD/ADHD
- ○ Allergies/Hay Fever
- ○ Anemia/Sickle Cell
- ○ Anxiety
- ○ Arthritis
- ○ Asthma/Bronchitis
- ○ Autoimmune Disease
- ○ *Blood Clots
- ○ Cancer, Type: _____________
- ○ Charcot Foot
- ○ Congestive Heart Failure
- ○ Depression
- ○ *Diabetes **Type 1** or **Type 2**
- ○ Difficulty Healing
- ○ Epilepsy/Seizures
- ○ Fibromyalgia
- ○ Gout
- ○ Heart Disease/Heart Attack
- ○ Hepatitis A, B, C
- ○ High Blood Pressure
- ○ High Cholesterol
- ○ Immune Disease (HIV, AIDS)
- ○ Kidney Disease
- ○ Liver Disease
- ○ Migraines
- ○ Mitral Valve Prolapse
- ○ Peripheral Vascular Disease
- ○ RSD/CRPS
- ○ Shortness of Breath
- ○ Stroke
- ○ Thyroid Disorder
- ○ Warts

List any other medical problem not listed above: ____

FEMALES: Are you or might you be pregnant? Y N **Have you had a hysterectomy: Y N**

MEDICATIONS ❑NONE

1. ____________________________ 3. ____________________________ 5. ____________________________
2. ____________________________ 4. ____________________________ 6. ____________________________

DRUG ALLERGIES: ❑NONE

1. ____________________________ 3. ____________________________ 5. ____________________________
2. ____________________________ 4. ____________________________ 6. ____________________________

Have you ever had a reaction to local or general anesthesia? Y N

SURGERIES AND HOSPITALIZATIONS: (describe procedure and year)

1. ____________________________ 3. ____________________________ 5. ____________________________
2. ____________________________ 4. ____________________________ 6. ____________________________

FAMILY HISTORY: (Please list any pertinent medical history such as diabetes, cancer, high blood pressure, etc)

Mother: Alive Deceased ____

Father: Alive Deceased ____

I hereby give South Texas Foot Specialist permission to diagnose and administer treatment for my foot and ankle condition and authorize any release of information obtained in the course of my treatment.

____ ____________________________

Patient/Parent/Guardian Signature Date

Clear Lake Specialties (CLS)

Consent to Obtain Patient Medication History

Patient medication history is a list of prescriptions that healthcare providers have prescribed for you. A variety of sources, including pharmacies and health insurers, contribute to the collection of this history. Medication history is very important in helping providers treat your symptoms and/or illness properly and avoid potentially dangerous drug interactions. The collected information is stored in the CLS electronic medical record (EMR) system and becomes part of your personal medical record.

It is very important that you and your provider discuss all your medications to ensure that your recorded medication history is 100% accurate and up to date. Your medication history might not include drugs purchased without using your health insurance. In addition, over-the-counter drugs, supplements, or herbal remedies that you take on your own may not be included.

I give my permission to allow my healthcare provider to obtain my medication history from my pharmacy, my health plans, and my other healthcare providers.

Signature of Patient or Legal Guardian: ____

Patient Name: ______________________________________ Date: ______________________

By signing this consent form you are giving your healthcare provider permission to collect and share your pharmacy and your health insurer information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medicines to treat AIDS/HIV and medicines used to treat mental health issues such as depression.

SOUTH TEXAS FOOT SPECIALIST

119 E. Edgewood
Friendswood, TX 77546
281-996-9546 Fax: 281-996-7645

Evan Bridges, DPM
Viraj Rathnayake, DPM

RELEASE MEDICAL RECORDS FROM:

____
Doctor/Hospital

____
Street Address

____
City, State, Zip Code

____
Phone Number/Fax Number

RELEASE MEDICAL RECORDS TO:

____
Name of Company/Doctor/Facility

____
Street Address

____
City, State, Zip Code

____
Phone Number/Fax Number

PATIENT INFORMATION:

____
Patient's Full Name

____
Date of Birth

____
Patient's Street Address

____
City, State, Zip Code

____
Contact Phone Number

____
Social Security Number

Release the Following Records:

____ All/Entire Medical Record ____ X-Rays (***charges may apply***)

____ Specific Medical Records: ______________________________

____ Other: ______________________________

____
Signature of Patient or Legal Guardian

____
Date

Clear Lake Specialties

NOTICE OF PRIVACY PRACTICES:

I acknowledge that I have received a copy of Clear Lake Specialties notice of privacy practices.

Initial-----

RELEASE OF INFORMATION:

I authorize the release of any medical information necessary to process this claim.

Initial-----

NO SHOWS AND CANCELLATION POLICY:

I understand I must call at least 48 hours in advance to cancel my appointment. There will be a $25 charge for no shows and cancellations that occur less than 48 hours before my scheduled appointment.

Initial-----

Non Medicare Patients:

By signing this notice I agree to take financial responsibility for the cost of the services and supplies performed, used or given, if your insurance company denies coverage.

Initial-----

ASSIGNMENT OF BENEFITS

I authorize the release of any medical information necessary to process this claim. I also request payment of insurance Directly to CLS or its subsidiary.

I understand that if **Clear Lake Specialties, PA** or any of its subsidiaries is not paid in full by from my insurance or got denied then I will be responsible for the remaining balance due. I can request a complete copy of this Assignment of Benefits by asking the clinic staff or viewing online at:

https://www.clearlake –specialties.com/insurance-billing-assignment-of-benefits/

Initial-----

_______________________	_______________________
Print Name of Patient	Date of Birth
Patient Signature	Date

Clear Lake Specialties Divisions/ Subsidiaries also have access to this information. Clear Lake Specialties Divisions/ Subsidiaries are: Bay Area Foot and Ankle Specialist PA, Clear Lake Cardiology PLLC, Clear Lake Oncology PLLC, Clear Lake Primary Care PLLC, Clear Lake Podiatry PLLC, Clear Lake Wound Care PLLC, Endocrinology Clinic at Clear Lake Specialties PLLC, S&S Foot Specialists PA, Infectious Diseases Clinic at Clear Lake Specialties PLLC, Kidney Hypertension Transplant Clinic of Clear Lake PLLC, Mosaic Clinic LLC, Neurology Clinic at Clear Lake Specialties PLLC, South Texas Foot Specialist PA, Webster Rehabilitation Specialists LLC.

CLEAR LAKE SPECIALITIES
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 REVIEW IT CAREFULLY.

Clear Lake Specialties and its subsidiaries is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Clear Lake Specialties uses health information about you for treatment, to obtain payment for treatment for administrative purposes and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is maintained by Clear Lake Specialties.

Your Health Information Rights

You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your protected health information
- Request a restriction on certain uses and disclosures of your information, however, Clear Lake Specialties is not required to agree to a requested restriction. But if we do, we must abide by it. Exceptions may be made for the provision of emergency care.
- Amend your health record. Clear Lake Specialties accommodates individual requests to amend or correct your recorded health information if the information is erroneous or incomplete. If Clear Lake Specialties denies your request to change information, we will provide an explanation of denial and how you can appeal the decision.
- Request communications of your health information by alternative means or at alternative locations. Requests should be in writing and specify changes.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken; and
- Receive an accounting of all disclosures made regarding your health information. Clear Lake Specialties must provide an individual with an accounting of all disclosures of their recorded health information for the previous six years if not included in the exceptions below:

Tracking is not necessary in the following circumstances:
For disclosures to carry out treatment, payment and health care operations; for disclosures to the individual about his/her own recorded health information; for disclosures to a facility directory or to persons involved in the individual's care; for national security or intelligence purposes; for disclosures to correctional institutions or law enforcement officers; for disclosures that occurred prior to the compliance date for the covered entity.

How Clear Lake Specialties May Use or Disclose Your Health Information

Clear Lake Specialties collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Clear Lake Specialties, but the information in the medical record belongs to you. Clear Lake Specialties protects the privacy of your health information. The law permits Clear Lake Specialties to use or disclose your health information for the following purposes:

For Treatment: We may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to

you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

For Payment: Clear Lake Specialties may use and disclose your health information to others for the purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations: We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff.
- Assess the quality of care and outcomes in your cases and similar cases.
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide.

Appointments: We may use your information to provide appointment reminders or information about treatment alternatives or other health related benefits and serviced that may be of interest to the individual. Clear Lake Specialties uses sign in sheets for patients presenting at its clinic's.

Notification and Communication with your family: We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. Please let us know prior to making this notification if you wish communications to be limited. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family or others.

Required by Law: We may use and disclose information about you as required by law. For example, Clear Lake Specialties may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority.
- To report information related to victims abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties.

Public Health: Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, disability, or for other health oversight activities.

Deceased Person: Health information may be disclosed to funeral directors, medical examiners, or coroners to enable them to carry out their lawful duties.

Organ Tissue Donation: Your health information may be used or disclosed for organ, eye, or tissue donation purposes.

Health and Safety: Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions: Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Workers Compensation: Your health information may be used or disclosed in order to comply with the laws and regulations related to Workers Compensation.

Limited Data Set Information: Your health information may be stripped of all identifying information except birth date (age) and geographical location (except street address) and used for research and outcomes reporting.

Research: We may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

Marketing: If Clear Lake Specialties desires to use your personally identifiable health care information for marketing, it must request your consent in writing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be used of interest to you.

Change of Ownership: In the event that Clear Lake Specialties is sold or merged with another organization, your health information will become the property of the new owner.

Complaints

Complaints may be received by Clear Lake Specialties employees and corrective action should be taken immediately, if possible. Individuals who file a complaint with Clear Lake Specialties will not be retaliated against. Complaints to Clear Lake Specialties will be forwarded to the contact specified below. Complaints must specify the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable standard. Individuals may also complain to the Department of Health and Human Services (DHHS) Secretary if they believe their privacy rights have been violated.

Clear Lake Specialties Contact for complaints:

Privacy Officer at Clear Lake Specialties
Clear Lake Specialties
500 N. Kobayashi Rd, Ste, A
Webster, TX 77598
281-724-1860 x199

Obligations of Clear Lake Specialties

Clear Lake Specialties is required to:

- Maintain the privacy of protected health information.
- Provide you with this notice of its legal duties and privacy practices with respect to your health information.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed.
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

Clear Lake Specialties reserves the right to change its information practices and to make the new provisions effective for al protected health information it maintains. Revised notices with any material change will be made available to you by mail.

If you have any questions or complaints, please contact:

Privacy Officer at Clear Lake Specialties
Clear Lake Specialties
500 N. Kobayashi Rd, Ste, A
Webster, TX 77598
281-724-1860 x199