



1725 East Boulder Street
Suite 105
Colorado Springs, CO 80909

Phone: 719-638-8020
Fax: 719-632-4380
www.coloradospringsnephrology.com

Dear Patient,

Welcome to Colorado Springs Nephrology! It is our goal to provide you with the highest quality of care. In preparation for your upcoming appointment, please note the following items:

Your Appointment: Please arrive **30 minutes prior** to your scheduled appointment time.

Doctor: _____

Date: _____

Time: _____ Arrive At: _____

What to Bring: *please note that your visit may be rescheduled if you do not have all of the required information.*

- Copies of your Medical Records
- Photo Identification
- Medications– bring all bottles
- Insurance Card(s)
- Referrals (if necessary)

Our Location: 1725 East Boulder Street
Suite 105
Colorado Springs, CO 80909

Located at directly across from the Olympic Training Center.

Where to Park: Free parking is available at the front of the building.

If you have any questions prior to your appointment, please feel free to call us at (719) 638-8020. We look forward to serving your medical needs.

Sincerely,

Colorado Springs Nephrology

For more helpful information, please visit our website: www.coloradospringsnephrology.com



Colorado Springs Nephrology

Personal and Social History

Name: _____

Marital Status: _____ Occupation: _____

Live With: _____

Diet: _____ Exercise: _____

Alcohol Use/How Long: _____

Tobacco Use/How long: _____

Past Medical History

	<i>Comments</i>
<i>Anemia</i> Positive/Negative	
<i>Bleeding Problems</i> Positive/Negative	
<i>Depression</i> Positive/Negative	
<i>Eye Disease</i> Positive/Negative	
<i>Hepatitis</i> Positive/Negative	
<i>Sleep Apnea</i> Positive/Negative	
<i>Frequent Urinary Tract Infections</i> Positive/Negative	
<i>Arthritis</i> Positive/Negative	
<i>Heart Problems</i> Positive/Negative	
<i>Diabetes</i> Positive/Negative	
<i>GI Disorders</i> Positive/Negative	

<i>High Blood Pressure</i> Positive/Negative	
<i>Auto Immune Disease</i> Positive/ Negative	
<i>Cancer</i> Positive/Negative	
<i>Blood Clots</i> Positive/Negative	
<i>Gout</i> Positive/Negative	
<i>Kidney Stones</i> Positive/Negative	
<i>Thyroid Problems</i> Positive/Negative	

Family History

	<i>Comments</i>
<u>Cancer</u> Positive/Negative	
<u>Diabetes</u> Positive/Negative	
<u>Heart Disease</u> Positive/Negative	
<u>Kidney Disease</u> Positive/Negative	
<u>High Blood Pressure</u> Positive /Negative	
<u>Kidney Stones</u> Positive/Negative	

Have you ever had surgery? If so, list below:

<i>Surgical Procedure</i>	<i>Date</i>

Review of Systems

<u>Head/Neck Pain</u> Yes/No	<u>Recent Weight Changes</u> Yes/No	<u>Fatigue</u> Yes/No	<u>Difficulty Sleeping</u> Yes/No	<u>Feeling well in General</u> Yes/No
<u>Itching</u> Yes/No	<u>Chronic Pain</u> Yes/No	<u>Fever or Sweats</u> Yes/No	<u>Chills</u> Yes/No	<u>Chronic or past eye disorders</u> Yes/No
<u>Decrease/Change in Vision</u> Yes/No	<u>Cataracts</u> Yes/No	<u>Chronic or past lung disorders</u> Yes/No	<u>Shortness of Breath</u> Yes/No	<u>Chest Pain</u> Yes/No
<u>Cough</u> Yes/No	<u>Blood in Sputum</u> Yes/No	<u>Wheezing</u> Yes/No	<u>Chest Pain or pressure</u> Yes/No	<u>Lower Extremity Edema</u> Yes/No
<u>Rapid or irregular heart beat</u> Yes/No	<u>Wound/Ulcers in feet</u> Yes/No	<u>Chronic or past GI disorders</u> Yes/No	<u>Abdominal Pain</u> Yes/No	<u>Vomiting Blood</u> Yes/No
<u>Black/Tarry Stools</u> Yes/No	<u>Bloody Stools</u> Yes/No	<u>Heartburn</u> Yes/No	<u>Seizure</u> Yes/No	<u>Chronic or past urinary disorders</u> Yes/No
<u>Blood in Urine</u> Yes/No	<u>Burning in Urination</u> Yes/No	<u>Incontinence</u> Yes/No	<u>Urgency</u> Yes/No	<u>Frequency</u> Yes/No
<u>Abnormal bleeding/bruising</u> Yes/No	<u>New or growing lumps or bumps</u> Yes/No	<u>Cancer</u> Yes/No	<u>Headaches</u> Yes/No	<u>Tremors</u> Yes/No
<u>Stroke</u> Yes/No	<u>Diabetes Mellitus</u> Yes/No	<u>Thyroid Problems</u> Yes/No	<u>Joint Pain</u> Yes/No	<u>Muscle Aches</u> Yes/No
<u>Sadness or Depression</u> Yes/No	<u>Anxiety</u> Yes/No	<u>Memory Problems</u> Yes/No	<u>Skin Rashes</u> Yes/No	<u>Sores that don't heal</u> Yes/No

Everything is true and correct to the best of my knowledge.

Signature

Date



Financial Policy

Welcome to Colorado Springs Nephrology. In order for us to deliver quality care, we have established the following financial policy. The following is a list of guidelines that are necessary in order to continue to provide high quality care and make your visit as pleasant as possible.

1. We ask that you present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance.
2. If you have any change of personal information, please notify the receptionist.
3. Payment of your deductible, co-payment, or any charge for non-covered services is required at the time of your visit. If you have a balance after an insurance payment from a previous service, we will expect payment for that service as well. You will be assessed a \$10.00 Late Payment Fee if payment is not rendered at time of service or not received by the office within 7 days after date of service. We accept cash, check, Visa, Master Card, and Discover.
4. Returned checks will incur a \$30.00 processing fee.
5. Understand that, to the extent permitted by law, you are responsible for any costs not covered under your insurance plan. Three statements will be sent to you. Accounts not paid at that time will be referred to a collection agency.
6. If you choose to have an out of network physician provide services, you will be responsible for all charges.
7. **MEDICARE PATIENTS:** We are participating providers with Medicare and will bill Medicare for all covered charges. If applicable, your supplemental insurance will also be billed for you. If you do not have supplemental insurance, you will be billed according to Medicare guidelines. Each year you will be expected to pay the allowed amount of your charges until your Medicare deductible is met.
8. **COMMERCIAL PLANS:** If we participate with your plan we will bill your insurance for you. Your co-payment will be collected at the time of service. If your health plan requires you to have an authorization to see a specialist, you will need to obtain that from your primary care physician's office prior to seeing the specialist. If your referral is not processed 24 hours prior to your appointment, the visit will be cancelled unless the visit is emergent. No retroactive referral can be obtained. If we do not participate with your insurance plan, we will expect payment at the time of service. If we have not received your referral and you choose to be treated, you will be responsible for all charges incurred for all services rendered.
9. **SELF-PAY PATIENTS:** Patients with no insurance will be expected to pay in full at the time of service. A 25% Prompt Payment Discount will be applied to all charges paid in full at time of service. If you will not be able to pay in full at time of service, you must contact our billing department to make payment arrangements or assistance in obtaining financial aid.
10. Due to the financial impact to the office, all patients are expected to arrive 15 minutes prior to their scheduled appointment time. New patients are to arrive 30 minutes prior to their scheduled appointment time. The office would appreciate a call if an appointment needs to be cancelled. When possible, please give the office a 24 hour cancellation notice.

Please remember whether you do or do not have insurance, you are responsible for payment of your incurred charges. If you have any questions regarding our financial policy, please contact our billing department at (866) 691-6243.

Patient or Authorized Representative Signature _____ Date _____



Colorado Springs Nephrology

- Colorado Springs Nephrology endorses, supports, and Coparticipates in electronic Health Information Exchange (HIE) as a means to improve the quality of your health and healthcare experience.
- HIE provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and health care providers that participate in the HIE network.
- Using HIE helps your health care providers to more effectively share information and provide you with better care.
- The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care.
- Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. However, you may choose to opt-out of participation in the CORHIO - HIE, or cancel an opt-out choice, at any time.

Colorado Springs Nephrology

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.

This Notice of Privacy Practices describes how Colorado Springs Nephrology (referred to in this Notice as "CSN") may use and disclose your protected health information (referred to in this Notice as "PHI"). This Notice also sets out CSN's obligations concerning your PHI and describes your rights to access and control your PHI. This Notice has been drafted in accordance with the HIPAA Privacy Rule, contained in the Code of Federal Regulations at 45 CFR Parts 160 and 164. Terms not defined in this Notice have the same meaning as they have in the HIPAA Privacy Rule.

Questions and Further Information. If you have any questions or want additional information about this Notice or the policies and procedures described in this Notice, please contact CSN using the Contact Information provided at the end of this Notice.

CSN RESPONSIBILITIES

CSN is required by law to maintain the privacy and security of your PHI and to provide you with a copy of this Notice setting forth its legal duties and its privacy practices with respect to your PHI. CSN will abide by the terms of this Notice.

CHANGES TO THIS NOTICE

CSN reserves the right to revise its privacy practices and the provisions of this Notice at any time, as permitted or required by applicable law, and make the new provisions effective for all PHI that it maintains. Any revisions to our Notice may be retroactive. If CSN makes a material change to this Notice, it will provide a revised Notice to you during your next visit to our office and upon request.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following is a description of when CSN is permitted or required to use or disclose your PHI.

Treatment, Payment and Health Care Operations. CSN has the right to use and disclose your PHI for all activities that are included within the definitions of "treatment", "payment" and "health care operations" as defined in the HIPAA Privacy Rule.

Treatment. CSN may use or disclose your PHI to any physician or other health care provider involved with the medical services provided to you, such as release of your name and insurance information to a specialist providing medical tests.

Payment. CSN may use or disclose your PHI to collect payment for the medical services provided to you, such as release of the date and type of treatment CSN provided to you on a claim for payment made to your health insurance company.

Health Care Operations. CSN may use or disclose your PHI as part of CSN's internal health care operations, such as quality of care audits of our staff and affiliates, training programs, accreditation, certification, licensing, or credentialing activities.

Continuing Care. CSN may provide you with appointment reminders or information concerning health issues, benefits and services, or treatment alternatives based upon your PHI that we believe may be of interest to you.

Business Associates. CSN contracts with service providers, called business associates, to perform various functions on its behalf. For example, CSN may contract with a service provider to perform the administrative functions necessary to pay your medical claims. To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose PHI, but only after CSN and the business associate agree in writing to contract terms requiring the business associate to appropriately safeguard your information.

Other Covered Entities. CSN may use or disclose your PHI to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain health care operations. For example, CSN may disclose your PHI to a health care provider when needed by the provider to render treatment to

you, and CSN may disclose PHI to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing, or credentialing. This also means that SCSP may disclose or share your PHI with other health care programs or insurance carriers (such as Medicare, Blue Cross Blue Shield, etc.) in order to coordinate benefits, if you or your family members have other health insurance or coverage.

Required by Law. CSN may use or disclose your PHI to the extent required by federal, state, or local law

Public Health Activities. CSN may use or disclose your PHI for public health activities that are permitted or required by law. For example, it may use or disclose information for the purpose of preventing or controlling disease, injury, or disability, or it may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. CSN also may disclose PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight Activities. CSN may disclose your PHI to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and government agencies that ensure compliance with civil rights laws.

Lawsuits and Other Legal Proceedings. CSN may disclose your PHI in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). If certain conditions are met, CSN may also disclose your PHI in response to a subpoena, a discovery request, or other lawful process.

Abuse or Neglect. CSN may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if CSN believes you have been a victim of abuse, neglect, or domestic violence, it may disclose your PHI to a governmental entity authorized to receive such information.

Law Enforcement. Under certain conditions, CSN also may disclose your PHI to law enforcement officials for law enforcement purposes. These law enforcement purposes include, by way of example, (1) responding to a court order or similar process; (2) as necessary to locate or identify a suspect, fugitive, material witness, or missing person; or (3) as relating to the victim of a crime.

Coroners, Medical Examiners, and Funeral Directors. CSN may disclose PHI to a coroner or medical examiner when necessary for identifying a deceased person or determining a cause of death. CSN also may disclose PHI to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. CSN may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

Research. CSN may disclose your PHI to researchers when (1) their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI, or (2) the research involves a limited data set which includes no unique identifiers (information such as name, address, social security number, etc., that can identify you).

To Prevent a Serious Threat to Health or Safety. Consistent with applicable laws, CSN may disclose your PHI if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. It also may disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military. Under certain conditions, CSN may disclose your PHI if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, CSN may disclose, in certain circumstances, your information to the foreign military authority.

National Security and Protective Services. CSN may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, SCSP may disclose your PHI to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety, and the health and safety of others; or (3) the safety and security of the correctional institution.

Workers' Compensation. CSN may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Disclosures to the Secretary of the U.S. Department of Health and Human Services. CSN is required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining SCSP's compliance with the HIPAA Privacy Rule.

Others Involved in Your Health Care. CSN may disclose your PHI to a friend or family member that is involved in or responsible for your health care, unless you object or request a restriction (in accordance with the process described below under "Right to Request Restrictions"). CSN also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your PHI, then, using professional judgment, CSN may determine whether the disclosure is in your best interest.

Disclosures to You. CSN is required to disclose to you or your personal representative most of your PHI when you request access to this information. CSN will disclose your PHI to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant law. Prior to such a disclosure, however, CSN must be given written documentation that supports and establishes the basis for the personal representation. CSN may elect not to treat the person as your personal representative if it has a reasonable belief that you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; that treating such person as your personal representative could endanger you; or if CSN determines, in the exercise of its professional judgment, that it is not in your best interest to treat the person as your personal representative.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide CSN with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that CSN has used or disclosed in reliance on the authorization.

CONTACTING YOU

CSN or its health insurance issuers, HMOs, or third-party administrators) may contact you about treatment alternatives or other health benefits or services that might be of interest you.

YOUR RIGHTS

The following is a description of your rights with respect to your PHI.

Right to Request a Restriction. You have the right to request a restriction on the PHI CSN uses or discloses for treatment, payment or health care operations. You also have a right to request a limit on disclosures of your PHI to family members or friends who are involved in your care or the payment for your care. You may request such a restriction using the Contact Information at the end of this Notice. CSN is not required to agree to any restriction that you request. If CSN agrees to the restriction, it can stop complying with the restriction upon providing notice to you. Your request must include the PHI you wish to limit, whether you want to limit CSN's use, disclosure, or both, and (if applicable), to whom you want the limitations to apply (for example, disclosures to your spouse).

Right to Request Confidential Communications. If you believe that a disclosure of all or part of your PHI may endanger you, you may request that CSN communicate with you in an alternative manner or at an alternative location. For example, you may ask that all communications be sent to your work address. You may request a confidential communication using the Contact Information at the end of this Notice. Your request must specify the alternative means or location for communication with you. It also must state that the disclosure of all or part of the PHI in a manner inconsistent with your instructions would put you in danger. CSN will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your PHI could endanger you.

Right to Request Access. You have the right to inspect and copy PHI that may be used to make decisions about your benefits. You must submit your request in writing. For your convenience, you may request a form using the Contact Information at the end of this Notice. If you request copies, CSN may charge you copying and postage fees as allowed by law.

Note that under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some, but not all, circumstances, you may have a right to have this decision reviewed.

Right to Request an Amendment. You have the right to request an amendment of your PHI held by CSN if you believe that information is incorrect or incomplete. If you request an amendment of your PHI, your request must be submitted in writing using the Contact Information at the end of this Notice and must set forth a reason(s) in support of the proposed amendment.

In certain cases, CSN may deny your request for an amendment. For example, CSN may deny your request if the information you want to amend is accurate and complete or was not created by CSN. CSN denies your request, you have the right to file a statement of disagreement. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

Right to Request an Accounting. You have the right to request an accounting of certain disclosures CSN has made of your PHI. You may request an accounting using the Contact Information at the end of this Notice. You can request an accounting of disclosures made up to six years prior to the date of your request, except that CSN is not required to account for disclosures made prior to April 14, 2004. You are entitled to one accounting free of charge during a twelve-month period. There will be a charge to cover CSN's costs for additional requests within that twelve-month period. CSN will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically. To obtain such a copy, please contact CSN using the Contact Information at the end of this Notice.

COMPLAINTS

If you believe CSN has violated your privacy rights, you may complain to CSN or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with CSN using the Contact Information at the end of this Notice. SCSP will not penalize you for filing a complaint.

EFFECTIVE DATE

This Notice of Privacy Practices is effective as of _____.

CONTACT INFORMATION

To exercise any of the rights described in this Notice, for more information, or to file a complaint, please contact:

Donna Reesman, Privacy Official
Colorado Springs Nephrology and
St. Clair Specialty Physicians, P.C.
22201 Moross Road, Suite 150
Detroit, MI 48236
(313)432-6267

Colorado Springs Nephrology

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

The undersigned Patient or legally authorized representative (“Agent”) of the Patient acknowledges that he or she personally received a copy of Colorado Springs Nephrology Notice of Privacy Practices on the date indicated below.

Signature: _____ Date: _____

Patient: _____

Information about Agent (attach appropriate documentation):

Agent: _____

Title: _____

FOR OFFICE USE ONLY

G Patient/Representative Unable to Sign - Notice of Privacy Practices Provided

G Patient/Representative Refused to Sign - Notice of Privacy Practices Provided

G Other _____

Signature: _____ Date: _____

Print Name: _____