

MERCER GASTROENTEROLOGY, PC
2 Capital Way, Suite 487, PENNINGTON, NJ 08534
PHONE: (609) 818-1900
PATIENT REGISTRATION FORM

NAME: _____ AGE: _____ DATE OF BIRTH: _____

ADDRESS: _____ SOCIAL SECURITY #: _____

CITY: _____ TELEPHONE: HOME: _____

STATE: _____ ZIP: _____ WORK/ CELL: _____

MARITAL STATUS: _____ MALE: _____ FEMALE: _____

E-MAIL: _____

RACE: _____Asian _____Black _____Hispanic _____White
LANGUAGE SPOKEN: _____English _____Other _____Sign _____Spanish
ETHNICITY: _____Latino _____Non-Latino _____Refuse to Respond

PRIMARY PHYSICIAN:

NAME: _____

ADDRESS: _____

PHONE: _____

PHARMACY INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____

MAIL ORDER RX: _____

LIST ALL YOUR OTHER PHYSICIANS:

PRIMARY INSURANCE INFORMATION:

COMPANY: _____ SUBSCRIBER: _____

ADDRESS: _____ DATE OF BIRTH: _____

_____ ID #: _____

SECONDARY INSURANCE INFORMATION:

COMPANY: _____ SUBSCRIBER: _____

ADDRESS: _____ DATE OF BIRTH: _____

_____ ID #: _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

PHONE: _____

RELEASE OF AUTHORIZATION/ASSIGNMENT OF BENEFITS

I authorize the release of any medical information necessary to process my insurance claim(s). I authorize and request payment of medical benefits directly to my physicians. I agree that this authorization will cover all medical services rendered until such authorization is revoked by me. I agree that a photocopy of this form may be used in place of the original.

SIGNATURE (PATIENT OR PATIENT REPRESENTATIVE)

DATE

Commonly Asked Questions Regarding Your Privacy Rights

1. Can my physician discuss my case with other providers and/or staff in the office?

Yes, as long as your physician is discussing only the information needed to accomplish a legitimate function (like treatment or payment for your treatment). This is called the “minimum necessary” standard under the Privacy Rule. Additionally, HIPAA does not require the physician to construct physical barriers to protect your information, but it does require your physician to use reasonable safeguards to protect your identity and confidential information in his/her office.

2. Will the doctor’s office still leave message reminders at my home?

Yes, unless you object to having the office contact you at home, such as with appointment reminders, your physician will continue to leave message reminders and communications with you as necessary to provide quality care.

3. Can my physician still use a sign-in sheet and/or call my name in the waiting room to announce my “turn”?

Yes, your physician may still have you sign your name at the time of registration or announce your name in order to call you to an exam room.

4. Can my physician still fax records?

Yes, your physician may fax your health information as long as reasonable safeguards are used (like verifying the correct fax number).

5. Do the HIPAA requirements apply to non-physician staff such as nurses, medical students and residents walking in the hallways or in the exam rooms?

Yes, clinical staff, students and trainees must follow the HIPAA Privacy Rules.

6. Can my physician discuss my care with a close family member or friend as we have been doing in the past?

YES _____ NO _____ If so, Who? _____

Yes, HIPAA allows your physician to disclose your health information to family members and friends involved in your care as long as you do not object to the disclosure.

7. Does HIPAA still allow parents the right to access their children’s records?

Parents of children 17 years and under generally have access to their child’s health information. However, HIPAA usually defers to state law in recognizing certain confidential relationships between a minor and their physician in specific treatment situations.

8. If my physician is referring me to a specialist, can this specialist have access to my record before I enter his/her office for the first time?

Yes, HIPAA does not prohibit the specialist from accessing your health information to prepare the process for seeing you for the first time. However, as the case is now, you may need to authorize disclosure of your records to the specialist.

9. Does HIPAA prevent physician offices from reporting patients to collection agencies?

No. Under HIPAA, collection activities are considered legitimate payment functions, and disclosures of “minimum necessary” data to collection or credit agencies to receive payment are possible.

10. Does HIPAA allow my physician to share my health information to market goods and services?

HIPAA prohibits the selling or disclosing of your private health information, including demographics used in registration, to third parties for marketing purposes without your specific authorization.

SIGNATURE: _____ **DATE:** _____

**CONSENT FOR RELEASE OF INFORMATION FOR TREATMENT,
PAYMENT AND HEALTH CARE OPERATIONS**

I, _____, hereby authorize MERCER GASTROENTEROLOGY to use and/or disclose my health information which specifically identifies me or which can reasonably be used to identify me to carry out my treatment, payment and health care operations. I understand that while this consent is voluntary, if I refuse to sign this consent, MERCER GASTROENTEROLGY can refuse to treat me.

I have received a copy of the Notice of Privacy Standards (“Notice”) which more fully describes the uses and disclosures that can be made of my individually identifiable health information for treatment, payment and health care operations.

I understand that I may revoke this consent at any time by notifying MERCER GASTROENTEROLOGY in writing, but if I revoke my consent, such revocation will not affect any actions that MERCER GASTROENTEROLOGY took before receiving my revocation.

I understand that MERCER GASTROENTEROLOGY has reserved the right to change his/her privacy practices and that I can obtain such changed notice upon request.

I understand that I have the right to request that MERCER GASTROENTEROLOGY restricts how my individually identifiable health information is used and/or disclosed to carry out treatment, payment or health operations. I understand that MERCER GASTROENTEROLOGY does not have to agree to such restrictions, but that once such restrictions are agreed to, MERCER GASTROENTEROLOGY must adhere to such restrictions.

Signature of patient or patient’s representative
(Form MUST be completed before signing.)

Date

Printed name of patient or patient’s representative and relationship to patient.