

MS Children's Heart
1190 N. State St. Suite 200
Jackson, MS 39202-2413

***** YOU MUST FILL OUT EVERYTHING ON THIS FORM*****

Patient Information

Name: _____ Date of Birth: _____ SSN#: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

Responsible Party Information

Name: _____ Date of Birth: _____ SSN#: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary phone: _____ Secondary Phone: _____ Email: _____

Relationship to Patient: _____

Primary Insurance

Name of Insurance Company: _____ Policy #: _____

Name of Insured: _____ Date of Birth: _____

Insured's Address: _____

Insured's SSN#: _____ Relationship to Patient: _____

Secondary Insurance

Name of Insurance Company: _____ Policy #: _____

Name of Insured: _____ Date of Birth: _____

Insured's Address: _____

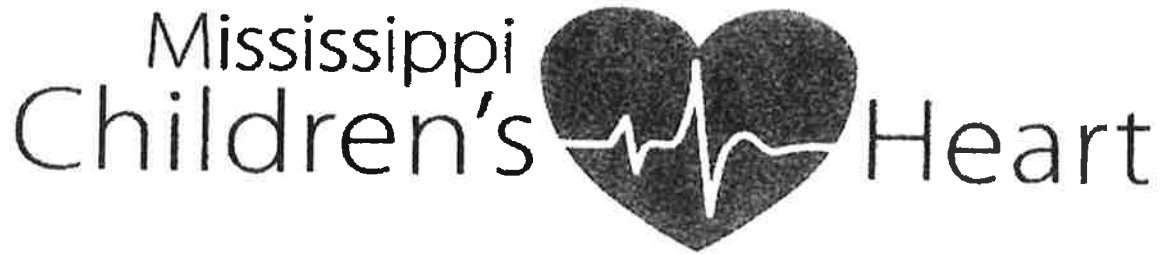
Insured's SSN#: _____ Relationship to Patient: _____

Pharmacy Information

Pharmacy: _____ Address: _____ Phone #: _____

Signature of Patient/Guardian

Date



1190 N. State St. Suite 200
Jackson, MS 39202

Consent for Treatment

I consent to the treatment necessary for myself or above named patient. I acknowledge full financial responsibility for services rendered by Mississippi Children's Heart. I agree to pay all reasonable attorney fees and collection cost in the event of default of payment charges for treatment/ services rendered.

Release of Information

I hereby authorize the use of disclosure of my medical and health records and information about me described below. I understand that this authorization is voluntary and that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment.

I hereby authorize and request that you release the following information to:

Mississippi Children's Heart
1190 N. State St. Suite 200
Jackson, MS 39202
Phone: 601-965-6100
Fax: 601-965-5300

Patient name Printed: _____ Date of Birth _____

Signature _____ Date _____

Effective date of notice: 07-01-2012

NOTICE OF PRIVACY PRACTICES

MS Children's Heart
1190 N. State St. Suite 200
Jackson, MS 39202
601-956-6100

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 IS FEDERAL LAW MANDATED.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notes of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we never use or disclose your health information is for treatment, payment, or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment, ordering test, referring you to other physicians, or getting copies of your health information from another professional you have seen before. Examples of how we use or disclose your health information for payment purposes are: asking you about your health plans, or other sources of payment; preparing and collecting bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" are those administrative functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses and disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose
- For public health purposes, such as contagious disease reporting, investigation or surveillance, and notices to and from the federal Food and Drug Administration regarding drugs or medical devices
- Disclosures to governmental authorities about victims of suspected abuse, neglect, or domestic violence
- Uses and disclosures for health oversight activities such as for the licensing of doctors, for audits by Medicare or Medicaid, or for investigation of possible violations of health care laws
- Disclosures for judicial and administrative proceedings such as in response to subpoenas or orders of courts or administrative agencies
- Disclosures for law enforcement purposes such as to provide information about someone who is or is suspected to be a victim of a crime, to provide information about it online or in our office, or to report a crime that happened somewhere else
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death or to funeral directors to aid in burial, or to organizations that handle organ or tissue donations
- Uses or disclosures for health related search
- Uses and disclosures to prevent a serious threat to health or safety
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service
- Disclosures relating to workers compensation programs
- Disclosures of a "limited data set" for research, public health, or health care operations
- Incidental disclosures that are unavoidable by product of permitted uses or disclosures
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your care.

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available in our office that might help you.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." Federal law determines the content of an "authorization form". Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it is your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form or you can use one of ours. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign the authorization, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the contact person named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the contact person at the address shown at the beginning of this Notice.
- ask us to communicate with you in a confidential way, such as phoning you at work rather than at home, by mailing health information to a different address, or, at some point in the future, we may be able to email to your personal email address. We will accommodate these requests if they are reasonable and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the contact person at the address shown at the beginning of this Notice.
- ask to see or to get of your health information. By law, there are a few limited situations in which we can refuse to permit access or receiving a copy of your health information. For the most part, however, you will be able to review or receive a copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site). You will be asked to pay a reasonable charge in advance for such access or copies. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you a written notice of extension. If you want to review or get photocopies of your health information, send a written request to the contact person at the address shown at the beginning of this Notice.
- ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information and others that you specify. If we do not agree, you can write a statement of your position and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office contact person at the address shown at the beginning of this Notice.
- get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment, or health care operations; disclosures that were made with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the contact person at the address shown at the beginning of this Notice.
- get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the contact person at the address shown at the beginning of this Notice.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our Center, have copies available in our office and post it on our website.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the contact person at the address shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the contact person at the address or phone number shown at the beginning of this Notice.

Patient's Name Printed

Patient or Guardian's Signature