

Patient Demographic Information

T. Scott Jennings, MD

Ward A. Katsanis, MD

(843)556-4380

Today's Date _____		Date of Birth _____		Title (Ms., Miss., Mrs., Dr.) _____	
Last Name _____		First Name _____		Middle Initial _____	
Street Address _____			Apt # _____		
City _____		State _____		Zip Code _____	
Mailing Address (if different) _____					
County _____			Social Security # _____		
Email _____			Home Phone _____		
Cell Phone _____			Work Phone _____		
Emergency Contact _____		Phone _____		Relation _____	
Address _____		City, State, Zip Code _____			

(Please circle one)

Race:	Asian ~ Black ~ Hispanic ~ White ~ Other
Language:	English ~ Spanish ~ French ~ German ~ Other
Sex:	Male ~ Female ~ Transgender
Marital Status:	Single ~ Married ~ Divorced ~ Separated ~ Widow
Student Status:	None ~ Full-Time ~ Part-Time
Employment Status:	Not Employed ~ Full-Time ~ Part-Time ~ Self-Employed ~ Military Active Duty ~ Retired

Employer Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Work Phone \_\_\_\_\_ OK to call? Yes \_\_\_\_\_ No \_\_\_\_\_

Referred by _____	Phone _____
First Name      Last Name	
Primary Care Doctor _____	Phone _____
First Name      Last Name	
Pharmacy _____	Phone _____
Pharmacy Address _____	

Primary Insurance Information:	Secondary Insurance Information:
Insurance Name:	Insurance Name:
Policy #:	Policy #:
Group #:	Group #:
Name of Insured:	Name of Insured:
Insured's Date of Birth:	Insured's Date of Birth:
Insured's SSN:	Insured's SSN:
Insured's Relationship to Patient:	Insured's Relationship to Patient:

## **Carolina Center of Gynecologic Oncology Financial Policy**

Carolina Center of GYN Oncology is dedicated to you and your well-being. We promise to do our best to provide you with the highest possible care available. As a private practice, we are not subsidized by any government or private programs. We offer our service to you at a competitive price that is comparable to any other GYN Oncology practice in the area.

### **INSURANCE/PAYMENT**

Payment for each visit is due at the time of service. It is the responsibility of the patient to provide accurate and timely insurance information and should be presented at each visit. The patient is responsible for his/her co-payment, co-insurance, unmet deductible, or non-covered charges from your insurance company. Your medical insurance is a contract between you and your insurance company and up to you to understand the specifications of your insurance policy. You should refer to information from your insurance company or call them if you have questions about your coverage. Please understand, insurance is filed as a courtesy and if a claim is not paid by your insurance company within 45 days, financial responsibility rests with you, the patient, regardless of insurance coverage. By signing below, you authorize your insurance company to pay benefits on your behalf directly to Carolina Center of Gynecologic Oncology and authorize Carolina Center of Gynecologic Oncology to provide your insurance company any information necessary to process claims for services rendered to you.

### **BILLING**

We accept cash, checks, VISA, MasterCard, AMEX, and Discover. Balances are due within 30 days unless prior arrangements have been made with the billing department. Outstanding balances not paid in full within 90 days of the first billing statement will be forwarded to a collection agency. If your account is turned over to a collection agency, you will be charged a \$50.00 handling fee. In order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or e-mails, using any e-mail address you provide to us. We realize that temporary financial problems may affect timely payment on your account. If such problems arise, we encourage you to contact our billing department at 843-556-4736 promptly for payment arrangements and assistance in the management of your account. If you have a returned check, you will be charged a \$30.00 billing fee.

### **MISSED APPOINTMENTS/LATE CANCELLATIONS**

Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. We ask that cancellations be made within 24-hours prior to the appointment. However, we understand that emergencies arise so please call us if you must miss an appointment. We reserve the right to charge \$25.00 for missed (no-show) or late cancellation appointments.

Patient's Signature: \_\_\_\_\_ Date \_\_\_\_\_

# Compound Authorization for Release of Information

Name of Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

**CAROLINA CENTER OF GYNECOLOGIC ONCOLOGY, PA** is authorized to release protected health information about the above named patient to the entities named below. The purpose is to inform the patient or others in keeping with the patient's instructions.

Entity to receive information. Check each person/entity that you approve to receive information.		Description of information to be released. Check each that can be given to person/entity on the left in the same section.
<input type="checkbox"/> Voice Mail	➔	<input type="checkbox"/> Medical test results <input type="checkbox"/> Office information
<input type="checkbox"/> E-mail	➔	<input type="checkbox"/> Patient portal information
<input type="checkbox"/> Employer/School	➔	<input type="checkbox"/> Appointment absentee information
<input type="checkbox"/> Spouse _____ (Provide Name)	➔	<input type="checkbox"/> Financial information <input type="checkbox"/> Medical information
<input type="checkbox"/> Parent _____ (Provide Name)	➔	<input type="checkbox"/> Financial information <input type="checkbox"/> Medical information
<input type="checkbox"/> Other _____ _____ (Provide Name & relation)	➔	<input type="checkbox"/> Financial information <input type="checkbox"/> Medical information
<input type="checkbox"/> Other health care providers, facilities or pharmacies that participate in my care	➔	<input type="checkbox"/> Financial information <input type="checkbox"/> Medical information <input type="checkbox"/> Demographic information
<input type="checkbox"/> Cancer Registry/Support group	➔	<input type="checkbox"/> Financial information <input type="checkbox"/> Medical Information <input type="checkbox"/> Demographic information

## Rights of the Patient

I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in this document by sending a written notification to **CAROLINA CENTER FOR GYNECOLOGIC ONCOLOGY**. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going onward.

I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned by signing. This authorization shall be in effect until revoked by the patient.

Date \_\_\_\_\_

Signature of Patient or Personal Representative \_\_\_\_\_

Description of Personal Representatives' Authority (attach necessary documentation)



# Carolina Center of Gynecologic Oncology

T. Scott Jennings, M.D.

Ward A. Katsanis, M.D.

## ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_

(patient name)

hereby acknowledge that I have received and reviewed the Carolina Center of Gynecologic Oncology Notice of Privacy Practices.

Specializing in:

- Gynecologic Cancer
- Dysplastic Disease
- Gynecology

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Patient or Patient's Representative

\_\_\_\_\_

Description of Representative's Authority

1470 Tobias Gadson Blvd.  
Suite 110  
Charleston, SC 29407  
(843) 556-4380  
(843) 571-5531 Fax

9225 University Blvd.  
Suite E-1  
North Charleston, SC 29406



**CAROLINA CENTER OF GYNECOLOGIC ONCOLOGY, PA**  
**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.

If you have any questions about this Notice please contact the Privacy Officer.

Scarlette Sipple – 843-556-4380  
1470 Tobias Gadson Blvd, Suite 110, Charleston, SC 29407

Effective Date: April 14, 2003

Revised: May 31, 2013

We are committed to protect the privacy of your personal health information (PHI).

This Notice of Privacy Practices (Notice) describes how we may use within our practice or network and disclose (share outside of our practice or network) your PHI to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI.

We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice.

We may change our Notice, at any time. Any changes will apply to all PHI. Upon your request, we will provide you with any revised Notice by:

- Posting the new Notice in our office.
- If requested, making copies of the new Notice available in our office or by mail.
- Posting the revised Notice on our website: [www.cco.go.com](http://www.cco.go.com)

**Uses and Disclosures of Protected Health Information**

We may use or disclose (share) your PHI to provide health care treatment for you.

Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you.

EXAMPLE: Your PHI may be provided to a physician to whom you have been referred for evaluation to ensure that the physician has the necessary information to diagnose or treat you. We may also share your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

We may also share your PHI with people outside of our practice that may provide medical care for you such as home health agencies.

We may use and disclose your PHI to obtain payment for services. We may provide your PHI to others in order to bill or collect payment for services. There may be services for which we share information with your health plan to determine if the service will be paid for.

PHI may be shared with the following:

- Billing companies
- Insurance companies, health plans
- Government agencies in order to assist with qualification of benefits
- Collection agencies

EXAMPLE: You are seen at our practice for a procedure. We will need to provide a listing of services such as x-rays to your insurance company so that we can get paid for the procedure. We may at times contact your health care plan to receive approval PRIOR to performing certain procedures to ensure the services will be paid for. This will require sharing of your PHI.

**We may use or disclose, as-needed, your PHI in order to support the business activities of this practice which are called health care operations.**

**EXAMPLES:**

- Training students, other health care providers, or ancillary staff such as billing personnel to help them learn or improve their skills.
- Quality improvement processes which look at delivery of health care and for improvement in processes which will provide safer, more effective care for you.
- Use of information to assist in resolving problems or complaints within the practice.

**We may use and disclose your PHI in other situations without your permission:**

- **If required by law:** The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. For example, we may be required to report gunshot wounds or suspected abuse or neglect.
- **Public health activities:** The disclosure will be made for the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to collect or receive information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- **Health oversight agencies:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Legal proceedings:** To assist in any legal proceeding or in response to a court order, in certain conditions in response to a subpoena, or other lawful process.
- **Police or other law enforcement purposes:** The release of PHI will meet all applicable legal requirements for release.
- **Coroners, funeral directors:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.
- **Medical research:** We may disclose your protected health information to researchers when 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 protected health information.
- **Special government purposes:** Information may be shared for national security purposes, or if you are a member of the military, to the military under limited circumstances.
- **Correctional institutions:** Information may be shared if you are an inmate or under custody of law which is necessary for your health or the health and safety of other individuals.
- **Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.
- **Cancer Registries** – We may disclose your protected health information to Cancer Registries for statistical information.

**Other uses and disclosures of your health information.**

**Business Associates:** Some services are provided through the use of contracted entities called "business associates". We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your information. Examples of business associates include billing companies or transcription services.

**Health Information Exchange:** We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.



Treatment alternatives: We may provide you notice of treatment options or other health related services that may improve your overall health.

Appointment reminders: We may contact you as a reminder about upcoming appointments or treatment.

**We may use or disclose your PHI in the following situations UNLESS you object.**

- We may share your information with friends or family members, or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider using professional judgment will determine if it is in your best interest to share the information. For example, we may discuss post procedure instructions with the person who drove you to the facility unless you tell us specifically not to share the information.
- We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.
- We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

**The following uses and disclosures of PHI require your written authorization:**

- Marketing
- Disclosures of for any purposes which require the sale of your information

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur.

#### **Your Privacy Rights**

You have certain rights related to your protected health information. All requests to exercise your rights must be made in writing. [Describe how the patient may obtain the written request document and to whom the request should be directed, i.e. practice manager, privacy officer.]

**You have the right to see and obtain a copy of your protected health information.**

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. If requested we will provide you a copy of your records in an electronic format. There are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable cost based fee for a copy of the records.

**You have the right to request a restriction of your protected health information.**

You may request for this practice not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request we will honor the restriction request unless the information is needed to provide emergency treatment.

**There is one exception:** we must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product unless it is otherwise required by law.

**You have the right to request for us to communicate in different ways or in different locations.**

We will agree to reasonable requests. We may also request alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request.

**You may have the right to request an amendment of your health information.**

You may request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

**You have the right to a list of people or organizations who have received your health information from us.**

This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. You may request them for the previous six years or a shorter timeframe. If you request more than one list within a 12 month period you may be charged a reasonable fee.

**Additional Privacy Rights**

- You have the right to obtain a paper copy of this notice from us, upon request. We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency situation we will give you this Notice as soon as possible.
- You have a right to receive notification of any breach of your protected health information.

**Complaints**

If you think we have violated your rights or you have a complaint about our privacy practices you can contact:

**Scarlette Sipple – 843-556-4380  
1470 Tobias Gadson Blvd, Suite 110, Charleston, SC 29407**

You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

If you file a complaint we will not retaliate against you for filing a complaint.

This notice was published and becomes effective on May 31, 2013