



PATIENT ENROLLMENT

PERSONAL INFORMATION:			
NAME:		DATE:	
DATE OF BIRTH:	AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY #:
PHONE: (DAY)	(EVENING):	(CELL):	E-MAIL:
HOME ADDRESS:		CITY/STATE/ZIP:	
EMPLOYED BY:		POSITION:	
EMPLOYMENT ADDRESS:			
CITY/STATE/ZIP:		EMPLOYER PHONE:	
EMERGENCY CONTACT:		RELATIONSHIP TO PATIENT:	
PHONE:	ADDT'L PHONE	PATIENT'S MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW/WIDOWER	

INSURANCE INFORMATION:		
INSURANCE CARRIER:	POLICY #:	GROUP #
SUBSCRIBER:	SUBSCRIBER DATE OF BIRTH:	AGE:
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY #:	RELATIONSHIP TO PATIENT:
EMPLOYED BY:	POSITION:	
EMPLOYMENT ADDRESS:		
CITY/STATE/ZIP:	EMPLOYER PHONE:	

PROTECTED HEALTH INFORMATION:
<p>I have received a copy of the Notice of Privacy Practices for Protected Health Information (the "Notice"). This Notice provides a complete description of the uses and disclosures of my Personal Protected Health Information (PHI). I have had an opportunity to review this information before signing this form. I consent to CHRISTUS Southeast Texas Bariatric Center and/or any physician(s) participating in my care releasing my PHI (either in writing or verbally) to carry out treatment, payment, or health care operations. This includes any medical misinformation (including drug and alcohol abuse treatment information, psychiatric treatment information, and HIV-related information including HIV test result, if applicable), which may be needed to process claims for medical insurance (or managed care) benefits relative to participation in this program (including pre-certification and verification, if necessary), or which may be needed to conduct continued care planning.</p>
<p>_____ Patient Signature</p>
<p>_____ Date</p>

02-2012

How did you hear about us?

- Newspaper Billboard Radio Television Mailer Family/Friend Referred by Physician _____

INTERNET

- CHRISTUS Southeast Texas Bariatric Center Website CHRISTUS Hospital Website Facebook Twitter Online Advertising

- Which search engine or Website led you to us? Google Yahoo! AOL MSN Bing Other _____

NOTICE OF PRIVACY PRACTICES
Effective 4/14/2003

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, please contact our Privacy Office at the address or phone number at the end of this Notice.

WHO WILL FOLLOW THIS NOTICE?

CHRISTUS Hospital-St. Elizabeth & St. Mary provides health care to our patients, residents, and clients in partnership with physicians and other professionals and organizations. The information privacy practices in this Notice will be followed by:

- Any health care professional who treats you at any of our locations;
- All departments and units of our organization, including all off-campus units or departments;
- All employed associates, staff or volunteers of our organization, including staff of CHRISTUS Health Southeast Texas, our regional office, and CHRISTUS Health, our parent organization, with whom we may share information as permitted within our organized health care arrangement;
- Any business associate or partner of CHRISTUS Health Southeast Texas with whom we share health information.

OUR PLEDGE TO YOU.

We understand that medical and billing information about you is personal. We are committed to protecting the privacy of your medical and billing information. We create a designated record of the care and services you receive to provide quality care and to comply with legal requirements. This Notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or Notices regarding the doctor's use and disclosure of your medical and billing information created in the doctor's office. We are required by law to:

- keep medical and billing information about you private;
- give you this Notice of our legal duties and privacy practices with respect to your protected health information;
- follow the terms of the Notice currently in effect.

CHANGES TO THIS NOTICE.

We may change our policies and privacy practices at any time. Changes will apply to your protected health information we already hold, as well as new information obtained after the change occurs. When we make a significant change in our policies, we will change our Notice and post the new Notice in waiting areas, exam rooms, and on this Web site.

You can receive a copy of the current Notice at any time. The effective date is listed just below the title. You will be offered a copy of the current Notice each time you register at our facility for treatment. You will also be asked to acknowledge in writing your receipt of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

- We may use and disclose medical and billing information about you for **treatment** (such as sending medical information about you to a specialist as part of a referral); **to obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and **to support our health care operations** (such as comparing patient data to improve treatment methods).
- We may use or disclose medical and billing information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out protected health information about you without prior authorization for **public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements, organ donation, workers' compensation purposes, or during emergencies**. We may also disclose protected health information **when required by law**, such as in response to a request from law enforcement officials in specific circumstances, or in response to valid judicial or administrative orders.
- We may contact you for **appointment reminders**, or to tell you about or recommend **possible treatment options, alternatives, health related benefits or services** that may be of interest to you, or to support **fundraising efforts**.

- If admitted as a patient, unless you tell us otherwise, we will list **in the patient directory** your name, location in the hospital, your general condition (good, fair, etc.) and your religious affiliation, and will release all but your religious affiliation to anyone who asks about you by name. Your religious affiliation may be disclosed only to a clergy member, even if they do not ask for you by name.
- We may disclose medical and billing information about you to a **friend or family member who is involved in your medical care** or to disaster relief authorities so that your family can be notified of your location and condition.

OTHER USES OF MEDICAL INFORMATION.

- In any other situation not covered by this Notice, we will ask for your written authorization before using or disclosing your protected health information. If you choose to authorize our use or disclosure of your protected health information, you can later revoke that authorization by notifying us in writing of your decision.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

- In most cases, **you have the right to look at or obtain a copy of medical and billing information** contained in the designated record set that we use to make decisions about your care. If you request copies, we may charge a fee for the cost of copying, related supplies or postage.

If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

- If you believe that information in your designated record set is incorrect or if important information is missing, **you have the right to request that we correct the records.** Your request may be submitted in writing.

A request for amendment must provide your reason for the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical or billing information maintained by us; or if we determine that the record is accurate.

You may appeal, in writing, a decision by us not to amend a record.

- **You have the right to a list of those instances where we have disclosed medical and billing information about you**, other than for treatment, payment, health care operations or where you specifically authorized a disclosure. When you submit a written request, the request must state the time period desired for the accounting, which must be less than a six (6)-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period will be provided to you at no cost; other requests will be charged in accordance with our cost to produce the list. We will inform you of the cost before you incur any charges.

- If this Notice was sent to you electronically, **you have the right to a paper copy of this Notice.**

- **You have the right to request that your medical and billing information be communicated to you in a confidential manner**, such as sending mail to an address other than your home. You must notify us in writing of the specific way or location for us to use to communicate with you.

- **You may request, in writing, that we not use or disclose protected health information about you** for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, or when required by law, or in an emergency. We will consider your request **but we are not legally required to accept it.** We will inform you of our decision.

All written requests or appeals should be submitted to our Privacy Office listed at the end of this Notice.

COMPLAINTS.

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Office (listed below). You may also contact our CHRISTUS Health Integrity Line, available 24-hours, at 1-888-728-8383.
- Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Office will provide you the address upon request.
- Under no circumstance will you be penalized or retaliated against for filing a complaint.

PRIVACY OFFICE CONTACT INFORMATION.

Katerena Byars, RHIA

2830 Calder Street, Beaumont, Texas 77702

Phone: 409.899.8271

Fax: 409.899.8195

Email: katerena.byars@christushealth.org