



PHYSICIAN TO BE SEEN: _____ Date: _____

NAME: Last _____ First: _____ MI: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ Age _____

Employer: _____

Family Physician: _____ Referred to us by: _____

E-MAIL ADDRESS: _____

Appointment Reminders: Text Message Phone Call E-mail

IF PATIENT IS A MINOR - GUARANTOR INFORMATION

Guarantor's Full Name: _____

Guarantor's Address: _____

Guarantor's SSN: _____ - _____ - _____ Guarantor's Date of Birth: _____

INSURANCE INFORMATION

Insured's Name: _____ Insured's Date of Birth: _____

Patient's Relation to Insured: Self Spouse Child Other: _____

Primary Insurance Name: _____ Policy #: _____ Group #: _____

Secondary Insurance Name: _____ Policy #: _____ Group #: _____

If Workmen's Comp or Auto Claim, please provide the following: Claim# _____

Name and Address of Insurance Carrier: _____

Adjuster's Name _____ Phone # _____ ext. _____

INJURY INFORMATION

Date of Injury: _____

Is This A Work Comp Injury? Yes No Auto Accident? Yes No Other Injury? Yes No

How Did Your Injury Occur? _____ Where? _____

Which Body Part is Injured? _____ Right _____ Left _____

If Non-Injury, What Body Part? _____



Western Slope Orthopaedics has my permission to release my personal medical information to the following people:

Name: _____ Relationship: _____ Phone # _____
Name: _____ Relationship: _____ Phone # _____
Name: _____ Relationship: _____ Phone # _____

I DO NOT want my personal medical information released to the following individuals or organizations:

Name or Business: _____
Name or Business: _____
Name or Business: _____

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INSURANCE ACKNOWLEDGEMENT/AUTHORIZATION

You are responsible for supplying your own personal insurance, or work comp/auto information to our office. If you do not give us your information, **you** will be responsible for all charges incurred and payment will be expected at the time of service.

I request that payment of authorized insurance benefits be made on my behalf to Western Slope Orthopaedics for any services rendered to me by C. Kelly Bynum, M.D., Thomas F. Dwyer, M.D., Timothy R. Judkins, M.D., Rhonda L. Parker, D.O., and Vineet Singh, M.D. I authorize any holder of medical information needed to determine these benefits payable for related services rendered. I understand that I am responsible for any amount of my charges **NOT** covered by my insurance. All information on this form is true to the best of my knowledge. I agree to the information stated above. A photocopy of this authorization shall be considered as valid as the original.

Signature of Patient/Guarantor

Print Name of Patient/Guarantor

Date



PRESCRIPTION POLICY

- WSO will manage **POST-OPERATIVE** pain only and may prescribe medication up to 4 weeks.
- In accordance with Colorado Law (SB18-022), each patient's drug history will be queried prior to issuing a narcotic prescription.
- Prescriptions may be refilled **MONDAY through THURSDAY ONLY, NO Friday, holiday or weekend refills.**
- We require a minimum of **48 HOURS** notice to process a prescription renewal and/or pick-up requests.
- Patient is responsible for knowing when medication(s) needs to be refilled.
- Prescription pick-up: Monday-Friday during business hours **ONLY** (8am-5pm).
- Prescriptions will not be filled for unauthorized "walk-in" patients.

****Note: The Physicians may be inaccessible because of surgery & clinic schedules and therefore not available to authorize refills. Please plan ahead.****

- Non-controlled or non-narcotic prescriptions require a follow up appointment every 4 weeks.
- Controlled-substances/narcotic prescriptions require a follow up appointment every 2-4 weeks.
- New symptoms and/or events require a clinic appointment. Provider is unable to diagnose over the phone.
- We require a signed "**Controlled Substance Policy**" statement on hand if you are requesting or using narcotics or controlled medications.
- No early refills or prescription replacement if medications are overused/abused/misused. You must follow prescription directions.
- Medications are for the prescribed individual's use only. It is illegal to "share" your medicine.
- Patient must pick-up their controlled substance prescription(s) in person, unless pre-authorized by staff.
- If you live outside of Montrose County and are unable to pick up your paper prescription, you may request WSO to send your paper prescription as certified mail. The cost for certified mail including labor & supplies to prepare the paper prescription is **\$15**. This is not part of insurance and will not be charged to your insurance but is offered as a convenience for you.

THESE PROTOCOLS ARE RECOMMENDATIONS OF THE COLORADO BOARD OF MEDICAL EXAMINERS AND THE DRUG ENFORCEMENT AGENCY (DEA).

I understand and accept the protocol listed above. My failure to comply may result in the immediate termination of prescriptive medications.

Patient Name: _____ Date: _____

Date of Birth: _____

Signature: _____

I understand my representative must provide valid photo identification each time he/she picks up my prescription(s). This authorization will remain active until I revoke it by contacting the staff at Western Slope Orthopaedics.

Name of person authorized to pick up Rx: _____

Name of person authorized to pick up Rx: _____

Name of person authorized to pick up Rx: _____

We strive to offer the best care and services for each of our patients in a timely manner. Because Physicians are often inaccessible due to surgery or inpatient needs, the above protocols are essential and necessary to manage a busy clinic efficiently. Thank you for your cooperation and understanding.

Sincerely,
The Physicians and Staff of Western Slope Orthopaedics



CONTROLLED SUBSTANCE POLICY

If you receive a prescription for a “controlled” (Schedule II through V) drug, your identifying prescription information will be entered into Colorado’s Prescription Drug Monitoring Program (PDMP) database when this drug is dispensed to you. Your prescription information in the database is a protected health record and cannot be accessed by non-caregivers except as part of an authorized investigation. You have a right to access your information in the PDMP through the Colorado Board of Pharmacy. You may seek corrections to the information as you would with your other medical records.

Controlled Substances such as morphine, Percocet, methadone and codeine are some of the strongest known pain relievers. Studies suggest that they can be very helpful for some patients with pain. There are some patients who report being able to do more when they take narcotics, and others who do not. Most patients report considerable, but not complete pain relief.

My signature below indicates that I have read this Controlled Substance Policy and acknowledge and agree to the following statements:

I understand that taking narcotics might impede my ability to concentrate and think clearly, though this side effect usually decreases in time. Side effects may also include constipation, dizziness, itching, nausea, and difficulty urinating. If I already have these problems, I have told my doctor. I understand that the narcotics prescribed to me are intended to control, but not necessarily eliminate my pain.

I understand that taking narcotics regularly for a long period of time usually causes physical dependence. This means that if I stop taking the medications suddenly, I could experience withdrawal symptoms, such as tearing, runny nose, difficulty sleeping, agitation, rapid heart rate, abdominal pain, and severe discomfort. I also understand that taking narcotics over a long period of time might put me at risk for developing an addiction. This means that I could become preoccupied with taking narcotics or other drugs to the point that other important aspects of my life, such as family, friends, work, and health, could suffer.

WOMEN: Taking regular doses of narcotics during pregnancy can be harmful to developing babies. I am definitely not pregnant now, and I will make sure as best I can that I will not become pregnant while I am taking narcotics. If there is a possibility of pregnancy, please consult with your primary care physician.

Further, I agree that:

1. I will take my medication exactly as prescribed by my doctor. I will not take medications in excess of my doctor’s instructions.
2. I will avoid alcohol on days that I take narcotics. I will avoid all illicit drugs.
3. I will not drive, operate heavy machinery, or serve in any capacity related to public safety while taking narcotic medications.
4. I will submit a urine specimen or perform a breath alcohol test (BAT) whenever my doctor requests to test for narcotics and other drugs to help monitor me for addiction.
5. I will allow my doctor to contact other associated healthcare providers to discuss my uses of medications.
6. I agree to not get any other narcotics from any other physician.
7. I agree to utilize only one pharmacy for all of my narcotic prescriptions.
8. If my doctor recommends, I will see a specialist for the purpose of determining whether I am developing an addiction.

Signature

Print Name

Date



Appointment Cancellation / No Show Policy

Western Slope Orthopaedics encourages patients to give us at least 24 hours advance notice of cancellation of any appointment. Likewise, we ask patients to arrive punctually for their scheduled appointment to avoid any unnecessary delays or inconveniencing of other patients.

First Time No-Show: The receptionist will call the patient and inform them of their missed appointment and to reschedule. The receptionist will express to the patient a need for the patient to keep appointments and advise them of the potential to be dismissed from the practice after two no-shows in a one-year period.

Second No-Show: If the patient fails to show for an appointment a second time within a 365-day period, the patient may be discharged from care as a direct result of being “non-compliant to treatment.”

My signature below indicates that I understand and will abide by this policy.

Signature

Print Name

Date



Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

continued on next page

Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Under "Your Choices" on page 3: WSO does not create or manage a hospital directory and we do not create or maintain psychotherapy notes at WSO.

You may also access your health records through the patient portal by going to wsorthodocs.com. At the WSO website, click on the drop-down menu at the top of the screen labeled "Patient Information." Then click "Patient Portal." You will then be directed to the login page where you will enter your user name and password. Please let us know if you need help accessing the patient portal.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective April 14, 2003

*Privacy Officer: ReAnna Depro
910 S. 4th Street
Montrose, CO 81401
970-249-6641
rdepro@wsorthodocs.com*

Acknowledgement

I acknowledge that I have received this summary and a copy of the Notice of Privacy Practices regarding the use and disclosure of my private health information.

Signature

Print Name

Date