



# New Assisted Living Patient Intake Form

## Patient Health Information & Authorization

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Gender (circle one): Male

Female

Medication Allergies: If Yes, please list:

Yes

No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pharmacy Insurance: \_\_\_\_\_ Copy of card must be attached.

Most recent pharmacy used:

Store Name: \_\_\_\_\_ Store Phone Number: \_\_\_\_\_

I do hereby give Homer Drugs authorization to use my health information in order to provide quality care. I acknowledge the right to receive their HIPAA Privacy Policy upon request and do accept the terms listed therein.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If this authorization is signed by a representative on behalf of the patient, please print the following information:

Representative's name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Medical POA?

Yes

No



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### Financial Responsible Party Information

Patient/Resident Name: \_\_\_\_\_

Facility: \_\_\_\_\_ Room Number: \_\_\_\_\_

The following information is needed to contact responsible party should the pharmacy have any medication or billing inquiries:

Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

An itemized statement will be sent each month to the responsible party. Would you like to keep a credit card on file for these charges?    Yes                  No

If yes, Cardholder name: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_  
\_\_\_\_\_

Thank you for choosing us to care for you or your loved one. Feel free to contact us with any comments or questions. Please find attached our Notice of Privacy Practices.

Please return completed form to us by either:

Fax: 706-677-3223

Email: [RyanGurley@gmail.com](mailto:RyanGurley@gmail.com)

[Kim@homerdrug.com](mailto:Kim@homerdrug.com)



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## 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.

Homer Drugs is required by law to maintain the privacy of Protected Health Information (PHI) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice of Privacy Practices describes how we may use and disclose PHI to carry out treatment, payment, or health care operations and for other specified purposes that are permitted or required by law. The notice also describes your rights with respect to PHI purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

Homer Drugs is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written consent, except as described in this notice. We reserve the right to change our practices and this notice and make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.

### YOUR HEALTH INFORMATION RIGHTS

You have the following rights with respect to PHI about you:

- **To obtain a paper copy of the notice upon request.** You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact Ryan Gurley.
- **To request a restriction on certain uses and disclosures of PHI.** You have the right to request additional restrictions on our use or disclosure of PHI about you by sending a written request to Ryan Gurley. We are not required to agree to those restrictions.
- **To inspect and obtain a copy of PHI.** You have the right to access and copy PHI about you contained in a designated record set for as long as the Pharmacy maintains the PHI. The designated record set usually will include prescription and billing records. To inspect or copy PHI about you, you must send a written request to Ryan Gurley. We may charge a fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.
- **To request an amendment of PHI.** If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request to Ryan Gurley. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.
- **To receive an accounting of disclosures of PHI.** You have the right to receive an accounting of disclosures we have made of PHI about you after April 14, 2003 for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures



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to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to Ryan Gurley. Your request must specify the time period, but may not be longer than 6 years. The first accounting you request within a 12 month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

- **To request communications of PHI by alternative means or at alternative locations.** For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must submit a request in writing to Ryan Gurley. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

### EXAMPLES OF HOW WE MAY USE AND DISCLOSE PHI

The following are descriptions and examples of ways we use and disclose PHI:

- **For treatment.** Example: Information obtained by the pharmacist will be used to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you.
- **For payment.** Example: We will contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your co-payment. We will bill you or a third party payer for the cost of the prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescription you are taking.
- **For health care operation.** Example: The pharmacy may use information in your health record to monitor the performance of the pharmacists providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

We are likely to use or disclose PHI for the following purposes:

- **Business associates:** When some services are contracted for, we may disclose PHI about you to our business associates so that they can perform the job we have asked them to do and bill you or your third party payer for services rendered. To protect PHI about you, we require the business associate to appropriately safeguard the PHI.
- **Communication with individuals involved in your care or payment for your care:** Health professionals such as pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend, or any person you identify, PHI relevant to that person's involvement in your care or payment related to your care.
- **Health-related communications:** We may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Food and Drug Administration (FDA):** We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products, and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- **Workers Compensation:** We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.
- **Public Health:** As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Law Enforcement:** We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.
- **As required by law:** We must disclose PHI about you when required to do so by law.
- **Health oversight activities:** We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.



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- **Judicial and administrative proceedings:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requesting PHI.

We are permitted to use or disclose PHI about you for the following purposes:

- **Research:** We may disclose PHI about you 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 information.
- **Coroners, medical examiners, and funeral directors:** We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.
- **Organ or tissue procurement organizations:** Consistent with applicable law, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- **Fundraising:** we may contact you as a part of a fundraising effort
- **Notification:** We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition
- **Correctional institution:** IF you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.
- **To avert a serious threat to health or safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Military and veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority
- **National security and intelligence activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law
- **Protective services for the president and others:** We may disclose PHI about you to authorized federal official so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Victims of abuse, neglect, or domestic violence:** We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

### OTHER USES AND DISCLOSURES OF PHI:

- The pharmacy will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above, or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

### FOR MORE INFORMATION OR TO REPORT A PROBLEM:

- If you have any questions or would like additional information about the pharmacy's privacy practices, you may contact Ryan Gurley at 706-677-3223. If you believe your privacy rights have been violated, you can file a complaint with Ryan Gurley or with the Secretary of Health and Human Services at [www.cms.hhs.gov/hipaa](http://www.cms.hhs.gov/hipaa). There will be no retaliation for filing a complaint.



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Effective Date:

This notice is effective as of April 11, 2005.