Trinity Urgent Care & Occupational Health

REGISTRATION: Initial Visit / New Injury: Work Related Injury

PATIENT

Name: Last	First	MI	Alias or Maiden Name

DOB	Social Security Number	Language Preference
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Home Address	City	State	Zip Code

Home Phone Number	Cell-Phone Number	◯ Male ◯ Female

EMP

Name of Employer	Your Job Title

Supervisor Name	Supervisor Job-Title	Supervisor Contact Phone Number

INJURY

Date of Injury	Time of Injury	Date Last Worked

Address of Injury	City	State	Zip Code

Have you treated elswhere for this injury? ◯ Yes ◯ No	If yes, where?

DESCRIPTION

Describe any tools, chemicals, objects, creatures, etc., that were involved with or related to your injury

Please provide a brief but detailed description of the injury

SIGN THE ALSHIFA MEDICAL GROUP PRIVACY POLICY ON REVERSE OF THIS FORM

HIPAA and Privacy Policy of Alshifa Urgent Care Clinics

Calvine Urgent Care, Sacramento and Trinity Urgent Care, Stockton

Use and Disclosure of Protected Health Information. In order to effectively provide care, there are times when we will need to share your personal health information with others beyond the urgent care practice for:
Treatment. With your permission we may use or disclose personal health information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside of the urgent care practice that we are consulting with or
Payment. Information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes.
Operations. We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, and training staff.
Information Disclosed Without Your Consent. Under state and federal law, information about you may be disclosed without your consent in the following circumstances:
Emergencies. Sufficient information may be shared to address the immediate emergency you are facing.
Follow Up Appointments/Care. We will be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
As Required by Law. This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.
Governmental Requirements. We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations inspections and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested with the Department of Health and Human Services to determine our compliance with federal laws related to health care.
Criminal Activity or Danger to Others. If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement and to warn any potential victims when we believe an immediate danger may exist to someone, or if we believe you present a danger to yourself.

PATIENT RIGHTS AND RESPONSIBILITIES You have the following rights under state and federal law:
Copy of Record. You are entitled to inspect the personal health record we have generated about you. We may charge you a reasonable fee for copying and mailing your record.
Release of Records. You may consent in writing to release of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.
Restriction on Record. You may ask us not to use or disclose part of the personal health information. This request must be in writing. We are not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information.
Contacting You. You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct.
Amending Record. If you believe that something in your record is incorrect or incomplete, you may request we amend it. Your request should be made in writing. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement you disagree with us. We will then file our response and your statement and our response will be added to your record.
Accounting for Disclosures. You may request a listing of any disclosures we have made related to your personal health information, except for information we used for treatment, payment, or health care operations purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. We will notify you of the cost involved in preparing this list.
Questions and Complaints. If you have any questions, or wish a copy of this policy or have any complaints you may contact us in writing for further Information. You also may complain to the Secretary of Health and Human Services if you believe this practice has violated your privacy rights. We will not retaliate against you for filing a complaint.
Changes in Policy. This practice reserves the right to change its Privacy Policy based on the needs of the practice and changes in state and federal law.

Read all sections before signing.

IMPORTANT: I acknowledge that I have received and read this privacy notice.

Patient Name ____

Signature ____ Date ______________________

We respect patient confidentiality and only release personal health information about you in accordance with the State and federal law. This notice describes our policies related to the use of the records of your care and how you may get access to this information. Please review.