

MIDWEST IMAGING AND ADVANCED RADIOLOGY OF GRAND ISLAND REGISTRATION FORM

(Please Print)

PATIENT INFORMATION

| | | | | | | |
|--|----------------------------------|---------|----------------------|---|---|-------------|
| Patient's last name: | | First: | Middle: | Sex: | Marital status: | |
| | | | | <input type="checkbox"/> M <input type="checkbox"/> F | Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid <input type="checkbox"/> | |
| Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, what is your legal name? | | Social Security no.: | Birth date: | Age: | |
| Street address: | | | Cell phone no.: | Home phone no.: | | |
| | | | () | () | | |
| P.O. Box: | City: | | State: | ZIP Code: | | |
| Occupation: | Employer: | | Employer phone no.: | | | |
| | | | () | | | |
| Email address: | | | | | | |
| If patient is a minor: | Name | Address | | Phone No | SS# | Birth Date: |
| Mother | | | | () | | |
| Father | | | | () | | |
| Referring Physician: | | | | Primary Physician: | | |
| Other Physician to get results: | | | | | | |

INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

| | | | | | | |
|---|--------------------|--|---------------------------------|--------------------------------|--------------------------------|----------------------------|
| Is this patient covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Policy #: | Group #: | | | |
| Name of primary insurance: | Subscriber's name: | | Subscriber's Date of Birth: | | | |
| Patient's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other | | | | | | |
| Subscribers Employer: | | | | | | |
| Has the patient previously, or is the patient currently eligible for any of the following State Programs: | | <input type="checkbox"/> Coventry Cares <input type="checkbox"/> Nebraska Medicaid <input type="checkbox"/> Arbor Health <input type="checkbox"/> Non-applicable | | | | |
| Name of secondary insurance (if applicable): | | Subscriber's name: | | Policy #: | Group #: | |
| Patient's relationship to subscriber: | | <input type="checkbox"/> Self | <input type="checkbox"/> Spouse | <input type="checkbox"/> Child | <input type="checkbox"/> Other | Subscribers Date of Birth: |
| Subscribers Employer: | | | | | | |

IN CASE OF EMERGENCY

| | | | |
|------|--------------------------|-----------------|-----------------|
| Name | Relationship to patient: | Home phone no.: | Work phone no.: |
| | | () | () |

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Midwest Imaging and or Advanced Radiology of GI to release information to my insurance company that is required to process my claims.

Patient/Guardian signature

Date

Midwest Imaging/Advanced Radiology

730 N Diers Ave
Grand Island, NE 68803
Ph: 308-398-1344 Fax: 308-398-1344

The registration form for Midwest Imaging LLC and Advanced Radiology of Grand Island, P.C. is true to the best of my knowledge. All changes have been brought to the attention of the office staff. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Midwest Imaging LLC, Advanced Radiology of Grand Island, P.C. or my insurance company to release any information required to process my claims. I have also been offered a copy or received a copy of the "Notice of Privacy Practices" for Midwest Imaging LLC and Advanced Radiology of Grand Island, P.C.

I, _____ authorize Midwest Imaging/Advanced Radiology of Grand Island to obtain any of the medical records listed below from your facility.

_____ Patient/Guardian Signature

Please fill in below any procedures that you have previously had done and where they were performed at. **If they relate to the procedure you are having done today** we will obtain a copy of those images and the Dr. will make a comparison of your old films with your new films.

| Part of body scanned | MRI Scans Facility performed at | Approx. Date |
|----------------------|------------------------------------|--------------|
|----------------------|------------------------------------|--------------|

| Part of body scanned | Cat Scans Facility performed at | Approx. Date |
|----------------------|------------------------------------|--------------|
|----------------------|------------------------------------|--------------|

| Part of body scanned | Ultrasound Scans Facility performed at | Approx. Date |
|----------------------|---|--------------|
|----------------------|---|--------------|

Midwest Imaging LLC

Advanced Radiology of Grand Island, PC

730 N Diers Ave
Grand Island, NE 68803
Phone (308) 398-1344
Fax (308) 398-1346

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.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurance or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Advanced Radiology of GI/Midwest Imaging. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies without your permission, to support government audits and inspections to facilitate law-enforcement investigations and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use of disclosure of information that occurred before you notify us of your decision.

Additional Uses of Information

Appointment reminders. Your health information will be used by our staff to send you appointment reminders and information about treatments. Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send your information describing other health-related goods and service that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request the restrictions on the use and disclosure of your protected health information;
- The right to receive confidential communications concerning your medical condition and treatment;

The right to inspect and copy your protected health information;
The right to amend or submit corrections to your protected health information;
The right to receive an accounting of how and to whom your protected health information has been disclosed;
The right to receive a printed copy of this notice.

Midwest Imaging LLC/Advanced Radiology of Grand Island

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next visit to our facility. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our receptionist or our privacy official. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:
Heather Scheel, Privacy Official
730 N Diers Ave
Grand Island, NE 68803

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the previously stated address.

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

Heather Scheel, Privacy Official
Midwest Imaging LLC/Advanced Radiology of Grand Island, PC
730 N Diers Ave
Grand Island, NE 68803
Phone: 308-398-1344

Effective Date

This notice is effective on or after September 18, 2013.

Midwest Imaging LLC
Advanced Radiology of Grand Island, PC

730 N Diers Ave
Grand Island, NE 68803
Phone (308) 398-1344
Fax (308) 398-1346

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Midwest Imaging and Advanced Radiology of Grand Island reserves the right to modify the privacy practices outlined in the notice.

I have been offered a copy or received a copy of the "Notice of Privacy Practices" for Midwest Imaging LLC and Advanced Radiology of Grand Island.

(Name of Patient-Print)

(Signature of Patient)

(Date)

(Signature of Patient Representative-if Minor or Adult Unable to Sign)

(Relationship of Patient Representative to Patient)

I authorize Midwest Imaging LLC and Advanced Radiology of Grand Island, P.C. to release my protected health information to the following individuals:

(Name)

(Relationship to Patient)

(Name)

(Relationship to Patient)

(Name)

(Relationship to Patient)