

**Northeast Tarrant Internal Med Assoc**  
**469 Westpark Way**  
**Eules, Texas 76040**

phone (817) 283-2888  
fax (817) 283-1181

<b>PATIENT INFORMATION</b>				
NAME (Last, First, Middle)	SS#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	EMAIL ADDRESS			
CITY, STATE ZIP	HOME PHONE	DAYTIME NUMBER		
PRIMARY CARE PHYSICIAN	CONTACT NAME	CONTACT HOME PHONE		
<b>PRIMARY EMPLOYER</b>				
PRIMARY EMPLOYER		SECONDARY EMPLOYER (If Applicable)		
ADDRESS		ADDRESS		
CITY, STATE ZIP		CITY, STATE ZIP		
WORK PHONE		WORK PHONE		
<b>RESPONSIBLE PARTY INFORMATION (If Different Than Above)</b>				
NAME (LAST, FIRST MIDDLE)	SS#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (If Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				
<b>PRIMARY INSURANCE</b>				
NAME OF INSURANCE COMPANY	POLICY#			
NAME OF INSURED	GROUP#			
ADDRESS OF INSURANCE COMPANY	COPAY AMOUNT			
CITY, STATE ZIP	DEDUCTIBLE			
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE		
<b>SECONDARY INSURANCE (If Applicable)</b>				
NAME OF INSURANCE COMPANY	POLICY#			
NAME OF INSURED	GROUP#			
ADDRESS OF INSURANCE COMPANY	COPAY AMOUNT			
CITY, STATE ZIP	DEDUCTIBLE			
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE		

I authorize the release of any medical information required to process claims. I also authorize payment of medical benefits to Northeast Tarrant Internal Medicine Associates if they choose to accept assignment. If is customary to pay for services when rendered unless other arrangements have been made. I understand that I am financially responsible for all charges. I also authorize my physician based on his/her discretion to assess my chart for utilization management review. The above information is correct as the date below.

SIGNATURE OF PATIENT/GUARDIAN

DATE

# Northeast Tarrant Internal Medicine Patient History Form

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

## Allergies

Drug	Specific Side Effect

## Current Medications

Drug Name	Strength	Directions

## Immunizations

Last Tetanus	Date:	Last Hepatitis B	Date:
Last Pneumonia	Date:	Last Zostervax	Date:

## Past Surgeries

## Chronic Problems

Type	Year	Type	Year

## Diagnostic Tests last 5 years

## Family History of Serious Illness

Type of Diagnostic Test	Date	Type of Family Illness/Death/Member	Age Onset/Yr of Death

## Health Maintenance

Last Physical	Date:	Last Colon Cancer Exam	Date:
Last Pap Smear	Date:	Last Bone Density	Date:
Last Mammogram	Date:	Last Stress Test	Date:

## Social History

Occupation	How many children do you have?	Boys	Girls
Marital Status	Do you smoke? If yes, how much? How Long?		
Have you had previous divorce(s)?	Have you been exposed to smoke? Explain		
Any illicit drug use?	Do you drink alcohol? If yes, how much?		

In the last 6 months have you had any of the following?

**Constitutional System**

Chills	N		Y
Fatigue	N		Y
Fever	N		Y
Malaise	N		Y
Night Sweats	N		Y
Weight Gain	N		Y
Weight Loss	N		Y

**HEENT**

Ear Drainage	N		Y
Ear Pain	N		Y
Eye Discharges	N		Y
Eye Pain	N		Y
Hearing Loss	N		Y
Nasal Drainage	N		Y
Sinus Pressure	N		Y
Sore Throat	N		Y
Visual Changes	N		Y

**Respiratory**

Chronic Cough	N		Y
Cough	N		Y
Known TB Exposure	N		Y
Shortness of Breath	N		Y
Wheezing	N		Y

**Cardiovascular**

Chest Pain	N		Y
Blood Clotting	N		Y
Edema/Swelling	N		Y
Palpitations	N		Y

**Gastrointestinal**

Abdominal Pain	N		Y
Blood in Stools	N		Y
Change in Stools	N		Y
Constipation	N		Y
Diarrhea	N		Y
Heartburn	N		Y
Loss of Appetite	N		Y
Nausea	N		Y
Vomiting	N		Y

**Genitourinary**

Painful Urination	N		Y
Blood in Urine	N		Y
Increased Urination	N		Y
Slow Stream	N		Y
Urinary Frequency	N		Y
Urinary Incontinence	N		Y
Urinary Retention	N		Y

**Reproductive (Male)**

Erectile Dysfunction	N		Y
Penile Discharge	N		Y
Sexual Dysfunction	N		Y

**Reproductive (Female)**

Abnormal Pap Smear	N		Y
Breast Discharge	N		Y
Breast Lump	N		Y
Pain with Bleeding	N		Y
Pain with Intercourse	N		Y
Hot Flashes	N		Y
Irregular Menses	N		Y
Vaginal Discharge	N		Y

**Metabolic/Endocrine**

Brittle Hair	N		Y
Brittle Nails	N		Y
Cold Intolerance	N		Y
Hair Changes	N		Y
Heat Intolerance	N		Y
Abnormal Facial Hair	N		Y
Increased Thirst	N		Y
Increased Hunger	N		Y

**Neurological**

Dizziness	N		Y
Extremity Numbness	N		Y
Extremity Weakness	N		Y
Gait Disturbance	N		Y
Headache	N		Y
Memory Loss	N		Y
Seizures	N		Y
Tremors	N		Y

**Psychiatric**

Anxiety	N		Y
Depression	N		Y
Insomnia	N		Y

**Integumentary**

Contact Allergy	N		Y
Hives	N		Y
Itching	N		Y
Mole Changes	N		Y
Rash	N		Y
Skin Lesion	N		Y

**Musculoskeletal**

Back Pain	N		Y
Joint Pain	N		Y
Joint Swelling	N		Y
Muscle Weakness	N		Y
Neck Pain	N		Y

**Hematologic/Lymphatic**

Easy Bleeding	N		Y
Easy Bruising	N		Y
Swollen Lymph Nodes	N		Y

**Immunologic**

Environmental Allergy	N		Y
Food Allergy	N		Y
Seasonal Allergy	N		Y

Patient Name: \_\_\_\_\_



Northeast Tarrant Internal Medicine Associates  
469 Westpark Way  
Euless, Texas 76040-3957  
(817) 283-2888  
Patient Confidentiality Questionnaire

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Please list the family member (with phone numbers) or other persons, if any, whom we may inform about your general medical condition or your diagnosis:
2. Please list the family members or significant others, if any, whom we may inform about your medical condition **ONLY IN AN EMERGENCY**:
3. Please print the address of where you would like your billing statements and/or correspondence from our office to be sent, **if other than your home**:
4. Can confidential messages be left on your home/cell answering machine or voicemail?
5. If you do not have voicemail, can a confidential message be left at your place of employment?

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date



Northeast Tarrant Internal Medicine Associates  
469 Westpark Way  
Euless, Texas 76040-3957  
(817) 283-2888

### Referral Policy

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

As we are all aware, there are many changes occurring in the way physicians are required to practice medicine today through managed healthcare. One of the most important changes is the role of the doctor as the Primary Care Physician or PCP. As the PCP on your managed healthcare network, our physicians are required to make decisions on when it is necessary for you to be referred to a Specialist or an Emergency Facility. Because of the tremendous amounts of paperwork and time involved in making a referral, it is necessary that you follow these guidelines to receive the maximum benefits from your healthcare plan. Failure to comply with these guidelines may mean additional cost to you. Therefore it is **IMPORTANT** that you follow these guidelines.

1. In the event that your PCP has authorized you to see a specialist, please contact the specialist office and schedule your appointment. You will then need to contact our office with the date of your appointment. In order to process and complete your referral we require **AT LEAST ONE-WEEK NOTICE**.
2. **NO REFERRAL** will be given to a patient when we are contacted from a specialist office without prior authorization or notice.
3. Most referrals are now done electronically or over the telephone, therefore we are **NOT** able to "back-date" a referral.
4. If your plan requires a written referral it will be necessary for you to pick up the referral from our office. We no longer mail or fax a referral, unless it is an emergency.

Once again we want to inform you how important it is for you to obtain your referral prior to your appointment with the specialist. If you attempt to contact our office from the specialist office in a non-emergency situation it will be necessary for you to reschedule your appointment or you will be responsible for the charges incurred at that visit.

Thank you in advance for your cooperation.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date



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(817) 283-2888

### Payment Policy

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

It is the policy of this office for patients to pay for services at the time they are rendered.

We accept Visa, Mastercard, personal checks and cash payments. There is a \$25 fee on all returned checks.

For those patients with Medicare, we will accept assignment on all claims. We will file all Medicare as well as secondary insurance claims; therefore, it is very important that we obtain all your insurance information. If you do not have secondary coverage, you will be expected to pay 20% of the allowed charges at the time of check-out as well as any deductible.

HMO, PPO, POS and EPO patients will be expected to pay their co-payments for each visit or charges according to their individual plans.

We also appreciate notification of any changes in your insurance coverage, name, address, and/or telephone number.

We ask that in the event you are unable to keep your scheduled appointment, you please give us at least 24 hours notice. "No shows" (appointments that are not kept or adequate notice is not given) are not only inconsiderate to our physicians and our staff, they are also an unnecessary expense, in that this time could have been given to another patient. We realize there are instances when emergencies come up; however, if you have "no shows" you will be charged a fee and/or possible termination of the physician/patient relationship.

Due to increasing healthcare costs, we reserve the right to charge a fee per document request. These documents include, but are not limited to, letters written by our office, forms filled out by our physicians/staff, and/or copies of medical records, etc. This could also include any **non-emergent** phone calls made to the office after regular business hours.

These policies help our office to keep charges and expenses as low as possible. Your signature is requested below to verify acknowledgement of this policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **RESEARCH/TEACHING/TRAINING**

We may use your information for the purpose of research, teaching and training.

## **HEALTHCARE OVERSIGHT**

Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

## **PUBLIC HEALTH REPORTING**

Your health information may be disclosed to public health agencies as required by law.

## **APPOINTMENT REMINDERS**

The practice may use your information to remind you about upcoming appointments. Typically appointments reminders are sent by mail or a brief, non-specific message may be left on your answering machine. If you don't approve of these methods, or if you prefer alternative methods, methods please inform the practice.

## **OTHER USES AND DISCLOSURES**

Disclosure of your health information or its use for any purpose other than those listed above required 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 or disclosure of information that occurred before you notified us of your decision.

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

If you have complaints, questions or would like additional information regarding this notice or the privacy practices of NORTHEAST TARRANT INTERNAL MEDICINE ASSOCIATED.

Please contact:

**PRIVACY OFFICER  
NORTHEAST TARRANT INTERNAL  
MEDICINE ASSOCIATES  
469 WESTPARK WAY  
EULESS, TEXAS 76040  
817-283-2888**

If you believe that you privacy rights have been violated, please contact the aforementioned practice Privacy Officer or you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy Officer or with the Office for Civil Rights. The address for the Office for Civil Rights is listed below:

**OFFICE FOR CIVIL RIGHTS  
U.S. DEPARTMENT OF HEALTH AND HUMAN  
SERVICES  
200 INDEPENDENCE AVENUE, S.W.  
ROOM 509F, HHH BUILDING  
WASHINGTON, D.C. 20201**

*Effective March 1, 2009: NETIMA will be implementing EMR (electronic medical records) within our practice. Protected health information will be stored electronically within our practice EMR system and included in the secure and protected community health information exchanged, Sandlot Connect. For further information regarding Sandlot Connect please call 1-844-632-2095*

## **NOTICE OF PRIVACY POLICIES AND PRACTICES FOR NORTHEAST TARRANT INTERNAL MEDICINE ASSOCIATES**

Dear Patient:

**THIS NOTICE DESCRIBES HOW  
INFORMATION ABOUT YOU MAY  
BE USED AND DISCLOSED AND  
HOW YOU CAN GET ACCESS TO  
THIS INFORMATION**

## **PLEASE REVIEW IT CAREFULLY**

### **INTRODUCTION**

At Northeast Tarrant Internal Medicine, we are committed to protecting medical information about you. This notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

### **UNDERSTANDING YOUR MEDICAL RECORD/HEALTH INFORMATION**

Each time you visit Northeast Tarrant Internal Medicine Associates a record of your visit is made. Typically, this record contains information about your examination, diagnosis, test results, treatment as well as other pertinent healthcare data. This information often referred to as your

Health or medical records, serves as a:

- Basis for planning your care and Treatment
- Means of communication with other health professionals involved in your care.
- Legal document outlining and describing the care you received
- a tool that you, or another payer (your insurance company) will use to verify that services billed were actually provided.
- An education tool for medical health providers.
- A source for medical research.
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards
- A source of data for planning and/or marketing

A tool that we can reference, to ensure the highest quality of care and patient satisfaction.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, determine what entities have access to you health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

### **YOUR RIGHT**

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

- The right to request 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 receive a copy of 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

### **OUR RESPONSIBILITIES**

#### **NORTHEAST TARRANT INTERNAL MEDICINE ASSOC.** is required to:

- Maintain the privacy of your health information
- Provide with this notice as to our legal duties and privacy practices with respects to information we collect and maintain about you
- Abide by the terms of this notice
- Accommodate reasonable requests you may have regarding communication of health information via alternative means or locations

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policy and practices may be required 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 office visit.

The revised policies and practices will be applied to all health information that we maintain. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use, or disclose your health information after we receive a written revocation of the authorization according to procedures included in the authorization.

#### **HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION**

We will use your health information for 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.

We will use your information for payment. Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered.

We will use your information for regular health operations. Your health information may be used as necessary to support the day-to-day activities and management of Northeast Tarrant Internal Medicine Assoc. For example: information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**BUSINESS ASSOCIATES** In some instances, we have contacted separate entities to provide services for us. These “associates” require your health information in order to accomplish the tasks that we ask them to provide. Some examples of these “business associates” might be billing service, collection agency, answering services and computer software/hardware providers.

**COMMUNICATION WITH FAMILY** Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. Please inform the practice when you do not wish a family member or other individuals to have authorization to receive your information.





Northeast Tarrant Internal Medicine Associates  
469 Westpark Way  
Eules, Texas 76040-3957  
(817) 283-2888

Patient Name:

Date of Birth:

I have received a copy of Northeast Tarrant Internal Medicine Associates Notice of Privacy Policies and Practices. This notice describes how information about me may be used and disclosed and how I can access this information this information.

Patient Signature: \_\_\_\_\_

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



## ***Northeast Tarrant Internal Medicine Associates***

**NETIMA is proud to introduce our secure patient portal. The patient portal is an internet based system designed to provide a secure, HIPAA compliant method of communication between the office and the patient. The patient portal is an optional feature that is being offered to our established patients at their request. After logging into the patient portal using the token number you are given by our practice you will create your own logon and password.**

### **Patient Portal Policies**

*Do NOT use email to communicate if there is an emergency or to communicate about HIV/AIDS:*

- In an emergency, call 911 or for urgent needs call Northeast Tarrant Internal Medicine Associates (817) 283-2888 immediately.
- Sensitive subject matter (HIV/AIDS, mental health, work excuses, etc.) is not permitted.

### **Proper subject matter for portal communication:**

- Medical questions, lab results, appointment & referral requests, etc.

### **Current functionality of Patient Portal:**

- Medication refill requests & questions. We do not refill narcotics/stimulants through this site.
- Viewing of lab results that have been sent to you.
- Viewing of selected health information (allergies, medications, current problems, past medical history).
- Referral requests.
- Appointment requests.
- Viewing of appointments as well as past and current statements.

*All communications will be included in your patient health record.*

### **Privacy:**

- All messages sent to you via a secure web portal.
- Emails from you to any staff should be through this portal or they are not secure.
- We will keep all email lists confidential and will not share this with other parties.
- Other Northeast Tarrant Internal Medicine Associates staff members may read your messages or reply in order to help the clinician that has been emailed.

**Response time:**

- After you agree to the Policy and Procedures and sign the informed consent we will provide you with a token number for you to go home and set up your login
- We will normally respond to non-urgent email inquire within 24 hours but unless sent after noon on Friday or over a weekend/holiday.

**Cost:**

- At this time the portal access will be free.

**PLEASE NOTE!!!** If you lose your password and need it reset you will have to come into our office to receive a new token to reset this logon and password. We **cannot** tell you over the phone, e-mail, or mail what your password is.

***All Policies and Procedures are subject to change without notice***

Access to this secure web portal is an optional service and we may suspend or terminate it at any time and for any reason. If we do suspend or terminate this service you will receive an email to this effect. You agree not to hold Northeast Tarrant Internal Medicine Associates or any of its staff liable for network infractions beyond their control.

Please sign stating you have read, understand and acknowledge the above policies and procedures and agree to abide by this policy.

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Patient Email