

Northeast Tarrant Internal Med Assoc  
 469 Westpark Way  
 Euless, Texas 76040

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

PATIENT INFORMATION				
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		
PRIMARY EMPLOYER	SECONDARY EMPLOYER (If Applicable)			
ADDRESS	ADDRESS			
CITY, STATE ZIP	CITY, STATE ZIP			
WORK PHONE	WORK PHONE			

RESPONSIBLE PARTY INFORMATION (If Different Than Above)				
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				

PRIMARY INSURANCE			
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	

SECONDARY INSURANCE (If Applicable)			
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 it 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 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.

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Patient Printed Name

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Date of Birth

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Patient Signature

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Today's Date

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Patient Email



Northeast Tarrant Internal Medicine Associates  
469 Westpark Way  
Eules, Texas 76040-3957  
(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



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

#### POLICY FOR OBTAINING REFERRAL AUTHORIZATION

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

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 in 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 benefit 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.

#### Referral Authorizations

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 TWO-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, those are simply handled via fax or verbally by phone.

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 attempted 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

## 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 you 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 your 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  
Euless, 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: \_\_\_\_\_



## Physical Exam Information

Dear Patient:

Our goal is to provide you with the best medical care possible. Annual physical exams give us a chance to address your overall physical and emotional health. The *preventative* care we provide during a physical also includes an *assessment of dietary and exercise habits, review of vaccinations, discussion of screening tests, lifestyle behaviors, etc.* We often look in on chronic stable problems such as high blood pressure, arthritis, and/or other ongoing medical conditions, though we don't always charge for that, depending on the degree of difficulty or amount of time spent.

Regular office visits differ from the *preventative* and wellness care provided at a physical because they address *other new ongoing or poorly controlled medical problems*. These types of problems need to be addressed in an appointment separate from a *preventative* or physical exam. If, however, we adequately cover required preventative and wellness care during the physical, sometimes we will have time to address other issues. You OR your doctor may identify an issue that may need to be addressed during a physical, *separate from preventative care*.

We would like to attempt to correct a misperception that is occurring at times regarding "double charges". Our goal is to address as much as we can in a quality manner during visits. Please note that the insurance companies do allow providers to address additional complaints beyond a physical examination, if there is time. If additional problems are found or addressed, an additional office evaluation code will be generated in addition to a preventative physical examination code. We are required to submit billing in this fashion, if we address care beyond preventative care at the physical examination. *This essentially generates an extra charge to the insurance company for issues addressed beyond preventative care, which in turn may require you to pay additional copay, coinsurance or deductible charges.*

The coding rules set by the health care industry, specifically state, *"If an abnormality is encountered or a pre-existing problem is addressed in the process of performing this preventative medicine evaluation service, then the appropriate visit code should also be reported."* We can actually fail an audit if we violate these rules.

You have entrusted us with your medical care. Please also trust that we practice the highest integrity with our billing practices. Our goal is to provide excellent care and take appropriate time doing it. Please speak with your provider if you have any questions regarding the charges from your preventative care/physical today.

Sincerely,

**Northest Tarrant Internal Medicine Associates**



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 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



Family History		<input type="checkbox"/> Adopted – no family history	
Relationship to patient:	Illness (Cancer, Diabetes, Stroke, Heart Attack, High Blood Pressure, High Cholesterol etc.)	Date of onset	Age at Death
Father			
Mother			
Maternal Grandmother			
Maternal Grandfather			
Paternal Grandmother			
Paternal Grandfather			
Sibling			
Sibling			
Other			

Diagnostic History	
Type of diagnostic test:	Date and ordering Doctor
Colonoscopy	
Bone Density	
Stress test	
Mammogram	
Pap Smear	
Other:	

**Review of Systems** -Check the box for symptoms you have or problems recurring in the last 6 months.

**CONSTITUTIONAL:**

- Chills
- Fatigue
- Fever
- Malaise
- Night sweats
- Weight gain
- Weight loss

**HEENT:**

- Ear drainage
- Ear pain
- Eye discharge
- Eye pain
- Hearing loss
- Nasal drainage
- Sinus pressure
- Sore throat
- Visual changes

**RESPIRATORY:**

- Chronic cough
- Cough
- Known TB exposure
- Shortness of breath
- Wheezing

**CARDIOVASCULAR:**

- Chest pain
- Claudication
- Edema
- Palpitations

**GASTROINTESTINAL:**

- Abdominal pain
- Blood in stools
- Change in stools
- Constipation
- Diarrhea
- Heartburn
- Loss of appetite
- Nausea
- Vomiting

**GENITOURINARY:**

- Painful urination
- Blood in urine
- Increased urination
- Urinary frequency
- Urinary incontinence
- Urinary retention

**REPRODUCTIVE MALE:**

- Erectile dysfunction
- Penile discharge
- Sexual dysfunction

**REPRODUCTIVE FEMALE:**

- Abnormal pap
- Painful periods
- Pain with intercourse
- Hot flashes
- Irregular menses
- Vaginal discharge

**NEUROLOGICAL:**

- Dizziness
- Extremity numbness
- Extremity weakness
- Gait disturbance
- Headache
- Memory loss
- Seizures
- Tremors

**INTEGUMENTARY:**

- Breast discharge
- Breast lump
- Brittle hair
- Brittle nails
- Hair changes
- Abnormal facial hair
- Hives
- Itching
- Mole changes
- Rash
- Skin lesion

**METABOLIC/ENDOCRINE:**

- Cold intolerance
- Heat intolerance
- Increased thirst
- Increased hunger

**PSYCHIATRIC:**

- Anxiety
- Depression
- Insomnia

**MUSKULOSKELETAL:**

- Back pain
- Joint pain
- Joint swelling
- Muscle weakness
- Neck pain

**HEMATOLOGIC/LYMPHATIC**

- Easy bleeding
- Easy bruising
- Swollen lymph nodes

**IMMUNOLOGIC:**

- Contact allergy
- Environmental Allergies
- Food allergies
- Seasonal allergies

Other:

Name \_\_\_\_\_

DOB:

**No Symptoms**

