SOUTHWEST
COMMUNITY HEALTH CENTER

MR# _____

Do you have the Medicare Advantage Plan?
☐ Yes ☐ No

# COVID-19 Patient Registration & Consent Form

## PATIENT INFORMATION/DATOS DEL PACIENTE

| Patient's Name (Last, First, M.I.) Nombre (Apellido, Primer) | Sex/Sexo | DOB/ F. de Nac. |
|---|---|---|
| | M ☐ F ☐ | |

| Phone Number/ Telefono | Address/Direccion | City/Ciudad | State | Zip/CP |
|---|---|---|---|---|
| | | | | |

| Occupation/Ocupacion | Are you a Southwest Patient? | Primary Care Provider/Medico Primario |
|---|---|---|
| | Yes ☐ No ☐ | |

| Can we leave a message with your results? | Have you tested Positive for Covid? | Covid Exposure? | Symptomatic? |
|---|---|---|---|
| Yes ☐ NO ☐ | Yes ☐ No ☐ Date _____ | Yes ☐ No ☐ | Yes ☐ No ☐ |

| Race (Please Choose One) | Ethnicity (Please Choose One) |
|---|---|
| ☐White ☐ Black/African American ☐American Indian/Alaskan Native ☐Native Hawaiian ☐Asian ☐Pacific Islander ☐ Other ☐ Declined to answer | ☐Hispanic/Latino ☐Not Hispanic/Latino ☐ Declined to answer |

| Parent/Guardian Padres/Tutor | Parent/Guardian Padres/Tutor DOB | Parent/Guardian Padres/Tutor |
|---|---|---|
| | | |

## EMERGENCY CONTACT INFORMATION

| Name | Relationship to Patient | Phone Number |
|---|---|---|
| | | |

## GENERAL CONSENT FOR TREATMENT
## CONSENTIMIENTO PARA TRATAMIENTO GENERAL

☐ I hereby give the Southwest Community Health Center, Inc. and its Medical/Behavioral Health providers my consent for any necessary medical evaluation and treatment/ Por este medio otorgo al Southwest Community Health Center, Inc. y a sus proveedores medicos mi consentimiento para evaluacion medica y tratamiento de salud mental necessaria.

☐ I hereby acknowledge that I have received a copy of Southwest's notice of privacy practices. / Yo confirmo por el presente que he recibido una copia del Aviso sobre normas de confidencialidad de Southwest.

**Signature of Patient or Legal Guardian/Firma del Paciente o Tutor Legal**

**X**

**Date/Fecha: ___ /____/____**

Admin only

Results delivered: ___ Phone Call ___ Voicemail ___ Mailed ___ Faxed

Date: _____ /Time: _____ Staff Initials: _____

**Rev. 08/19/2020**

**Southwest Community Health Center, Inc.**

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. If you have any questions, please contact our privacy officer.***

***Our Responsibilities to You:***

Southwest Community Health Center ("Southwest") facilities provide healthcare to our patients in partnership with other professionals and healthcare organizations. The information privacy practices in this notice will be followed by:

- Any healthcare professional who treats you at any of our locations.
- All departments, sites, or services of Southwest.
- All employees, medical staff, trainees, students, or volunteers of Southwest.

Southwest might share your health information with others for coordination of care, treatment, payment and healthcare operations purposes. We understand that medical and payment information about you is personal. We are committed to protecting this information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care generated by Southwest. We are required to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the current notice.

***How We Might Use and Disclose Medical Information about You:***

- We might use and disclose medical information about you without your prior authorization for treatment (such as sending medical information about you to a specialist as part of a referral). This includes psychiatric and HIV information if needed for purposes of your diagnosis and treatment; to obtain payment for treatment (such as sending billing information to your insurance company or an agency who pays for your care); and to support our healthcare operations (such as comparing patient data to improve treatment methods or for professional education purposes). Only limited psychiatric or HIV information may be disclosed for billing purposes without your authorization. If you are being treated in our substance abuse program, your special authorization will be needed for most disclosures other than emergencies.
- Other examples of such uses and disclosures include contacting you for appointment reminders and telling you about or recommending possible treatment options, alternatives, health-related benefits or services that might be of interest to you.
- We might use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we might give our medical information about you, without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, medical examiners, funeral arrangements and organ donation, workers compensation purposes, emergencies, national security and other specialized government functions, and for members of the armed forces as required by Military Command authorities. We also disclose medical information when required by law, such as in response to request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders or other legal process.
- Under certain circumstances, we might use and disclose health information about you for research purposes, subject to a special approval process. We might also allow potential researchers to review information that might help them prepare for research, so long as the health information they review does not leave our facility, and so long as they agree to specific privacy protections.
- We might disclose medical information about you to a friend or family member whom you designate or in appropriate circumstances, unless you request a restriction. We might also disclose information to disaster relief authorities so that your family can be notified of your location and condition.

Other uses of Medical Information:

- In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

***Your Right to Access or Amend Your Records:***

- In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for review of that decision.
- If you believe that information in your record is incorrect or that important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We can deny your request to amend a record if the information is not maintained by us or if we determined that your record is accurate. You may submit a written statement of disagreement with a decision by us not to amend a record.

***Your right to an Accounting:***

- You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and healthcare operations, circumstance in which you have specifically authorized such disclosures and certain other exceptions.
- To request this list of disclosures, indicate the relevant period which must be after April 14, 2003, but in no event for more than the last six years. You must submit your request in writing to the Health Information Department or Billing Department as appropriate.

***You Right to Request Restrictions:***

You may request, in writing, that we not use or disclose medical information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request and work to accommodate it when possible, but we are not legally required to accept it. We will inform you of our decision about your request. All written requests or appeals should be submitted to Southwest Community Health Center, Administration – Privacy Officer, 968 Fairfield Ave, Bridgeport, CT 06605

***Your right to Request Confidential Communications:***

You have the right to request that medical information about you to be communicated to you in a confidential manner, such as sending mail to an address other than your home. Please notify us in writing of the specific way or location for us to use to communicate with you.

***Your Right to Request a Copy of This Notice:***

You may receive a paper copy of this Notice from us upon request.

***Changes to This Notice:***

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, finance offices, and on our Web site at www.SWCHC.org. You can receive a copy of the current notice at any time. Copies of the current notice will be available each time you come to our facility for treatment. You will be asked to acknowledge in writing your receipt of this notice.

***Complaints:***

- If you are concerned that your privacy rights might have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer listed below.
- If you are not satisfied with our response, you may send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights, HHH Building – Room 509F, 200 Independence Avenue, SW, Washington, DC 20201.

**Thomas J. Krause, Privacy Officer - Southwest Community Health Center, Inc. - 968 Fairfield Avenue, Bridgeport, CT 06605. - Telephone: 203-332-3504**