

Welcome to Our Practice

We have found it much easier for our patients to complete the enclosed forms in the comfort of their own home. If you run across a question that you have trouble answering, just leave it blank. Our staff will assist you in completing this at the time of your appointment.

The enclosed **Records Releases must be returned before your scheduled appointment**, when possible. This enables us to obtain and review records prior to your scheduled appointment. We will need the full name and phone/fax number of your last medical provider to obtain these prior records.

Items to bring to your appointment:

- This New Patient Registration packet
- Your current health insurance cards
- All medications/vitamins/supplements that you are taking. Simply put all of your pill bottles in a bag and bring them into your appointment.

If you are unable to keep this appointment for any reason, please contact our office as soon as possible at 541-229-7038.

Financial Assistance

Pathways

The Pathways program was designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services.

Pathways is a sliding scale program, using household income level and size as guidelines for assistance.

Eligibility

Pathways applicants who are approved are eligible for a six (6) month period before re-application.

The Pathway's program is presented to every patient at Umpqua Health-Newton Creek regardless of whether they are uninsured, Medicaid, Medicare, Medicare Advantage or commercially insured.

Eligibility can be tricky based on deductibles and other nuances. To find out more information, contact Umpqua Health-Newton Creek and ask to speak to the Patient Navigator.

Inside This Document

- Patient Registration Form
- Release of Information
- Clinic Information
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- Patient Cancellation, Tardiness & No-Show Agreement
- Patient Rights & Responsibilities
- Patient Portal
- Health Care Team Roles & Responsibilities
- Financial Assistance
- Changes to This Notice
- Questions or Complaints
- Nondiscrimination Notice
- Notice of Privacy Practices

Learn more about our practice and providers at
www.umpquahealthclinic.com.

PATIENT REGISTRATION



PATIENT INFORMATION

PATIENT NAME FIRST LAST MI		BIRTH DATE		SEX MALE FEMALE	
HOME PHONE EMAIL ADDRESS <i>I would like to opt out of email reminders.</i>		CELL PHONE		LEAVE VOICEMAIL YES NO	
SEND TEXT MESSAGE YES NO			PATIENT MAILING ADDRESS CITY STATE ZIP		
SOCIAL SECURITY NUMBER		MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED OTHER:		PHARMACY: LOCATION:	
PATIENT EMPLOYER		PATIENT OCCUPATION		EMPLOYER'S PHONE	
EMPLOYER'S ADDRESS			CITY STATE ZIP		
RACE WHITE ASIAN AMERICAN INDIAN		BLACK/AFRICAN AMERICAN NATIVE HAWAIIAN OTHER		ALASKA NATIVE DECLINE	
ETHNICITY HISPANIC/LATINO NON-HISPANIC/LATINO		DECLINE			
PREFERRED LANGUAGE?		You have access to a free sign and/or oral interpreters as well as translations for your appointments and materials in an alternative format for free. Do you need one of these services? Another Language Large Print Braille Other:			

RESPONSIBLE PARTY INFORMATION

RELATION SELF SPOUSE PARENT LEGAL GUARDIAN OTHER FIRST LAST MI					DATE OF BIRTH
ADDRESS			CITY STATE ZIP		PHONE
EMPLOYER		WORK PHONE		MAY WE CONTACT YOU AT WORK YES NO	

PATIENT REGISTRATION



INSURANCE INFORMATION

PRIMARY INSURANCE	POLICY HOLDER	RELATION TO PATIENT	HOLDER'S BIRTHDATE
ID NUMBER	GROUP NUMBER	EFFECTIVE DATE	\$CO-PAYS
SECONDARY INSURANCE	POLICY HOLDER	RELATION TO PATIENT	HOLDER'S BIRTHDATE
ID NUMBER	GROUP NUMBER	EFFECTIVE DAYS	\$CO-PAYS

INJURY INFORMATION

PATIENTS INJURED IN A MOTOR VEHICLE OR OTHER NON-WORK INJURY PLEASE COMPLETE BELOW

DATE OF INJURY	YOUR CHIEF COMPLAINT FROM INJURY	WHERE AND HOW DID INJURY OCCUR	
YOUR MOTOR VEHICLE INSURANCE	INSURANCE COMPANY'S ADDRESS		
ADJUSTER'S NAME IF KNOWN	ADJUSTER'S PHONE	CLAIM #	

PATIENTS INJURED AT WORK MUST HAVE REPORTED INJURY TO EMPLOYER AND COMPLETE THE NEXT TWO LINES

WORKER'S COMP INSURANCE CARRIER	DATE OF INJURY	EMPLOYER AT TIME OF INJURY	
CARRIER'S ADDRESS	CITY	STATE ZIP	CLAIM #

RELEASE OF INFORMATION

By adding the following information, you are allowing Umpqua Health Newton Creek to speak or leave a message with regarding the patient's medical care, appointment scheduling, or payment information.

In addition, you agree to the following the below as well as the **AUTHORIZATION INFORMATION** provided in this packet: Authority is granted to Umpqua Health Newton Creek to render needed treatment to the above-named patient.

- I authorize Umpqua Health Newton Creek to release information regarding my treatment to my insurance company for billing purposes.
- I authorize payment of medical benefits to Umpqua Health – Newton Creek for services rendered.
- I understand that I am responsible for all charges incurred through Umpqua Health Newton Creek.
- I request that payment under the medical insurance program be made to the provider named above on any bills for services furnished me during the effective period of this authorization and I authorize the release to the Social Security Administration any information needed for this claim or any related Medicare claim.

NAME	RELATIONSHIP	PHONE

EMERGENCY CONTACT

By adding the following information, you are allowing Umpqua Health Newton Creek to speak or leave a message with regarding the patient's medical care, appointment scheduling, or payment information for emergency purposes only.

NAME	RELATIONSHIP	PHONE

PATIENT ATTESTATION

By signing below, I agree that I have reviewed, understand and agree upon the information within the Patient Packet. This includes: Clinic Information, Authorization Information, Patient Cancellation, Tardiness and No-Show Agreement, Patient Rights and Responsibilities, Patient Portal, Health Care Team Roles & Responsibilities, Financial Assistance, Changes to this Notice, Questions or Complaints, Nondiscrimination Notice and Notice of Privacy Practices.

Print Patient Name: _____

Patient Signature: _____ Date: _____

(PARENT OR GUARDIAN IF PATIENT IS A MINOR)

CLINIC INFORMATION

I understand that Umpqua Health - Newton Creek, referred to below as ("This Practice") will use and disclose health information about me. If you need another language, large print, or another format, call us at 541-229-7038 or speak with a patient service representative.

This Practice's Primary Care is open on Monday – Friday 7am – 5pm. Urgent Care is open every day, 7am – 7pm. During business hours, we can be reached at 541-229-7038. After business hours, you can reach our on-call provider at 541-673-6541. You can expect a response to any request within 1 to 2 business days.

I understand that my health information may include information both created and received by This Practice. It may be in the form of written or electronic records or spoken words. This would include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.

I understand and agree that This Practice may use and disclose my health information in order to:

- Make decisions about and plan for my care and treatment.
- Refer to, consult with, coordinate among, and manage along with other health care providers for my care and treatment.
- Determine my eligibility for health plan or insurance coverage, and submit bills, claims and other related information to insurance companies or others who may be responsible to pay for some or all my health care.
- Perform various office, administrative and business functions that support my physician's efforts to provide me with, arrange and be reimbursed for quality, cost-effective health care.

I also understand that I have the right to receive and review a written description of how This Practice will handle health information about me. This written description is known as a Notice of Privacy Practices, which describes the uses and disclosures of health information and practices followed by the employees and other office personnel of This Practice. The Notice of Privacy Practices may be revised from time to time, and that I may request a copy at any time. A copy or a summary of the most current version of This Practice's Notice of Privacy Practices in effect will be posted in the waiting/reception area.

I understand that I have the right to ask that some or all of my health information not be used or disclosed in the manner described in the Notice of Privacy Practices, and that This Practice is not required by law to agree to such requests.

AUTHORIZATION INFORMATION

The undersigned patient or individual acting on the behalf of the patient agrees as follows:

1. Authority is granted to This Practice to render needed treatment to the above-named patient.
2. I authorize This Practice to release information regarding my treatment to my insurance company for billing purposes.
3. I authorize payment of medical benefits to This Practice for services rendered.
4. I understand that I am responsible for all charges incurred through This Practice.
5. Authorization Period: One Year

I request that payments under the medical insurance programs be made to the provider named on any bills for services rendered for me during the effective period of this authorization. I authorize the named provider to release any information to the Social Security Administration office needed for any claims related to services rendered. I further permit a copy of this authorization to be used in place of the original. If necessary, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees and court costs related to collections.

You MAY receive an additional bill from our office if you received additional services during your visits. This may be but not limited to injections, imaging, immunizations, urine test, EKG, etc.

This Practice's collection policy; unpaid services over 120 days will be turned over to collections. Once turned to collection, you will be allowed to schedule only if you pay the full amount of your responsibility for your visit. Patients who arrive for their appointment that are not prepared to pay their portion will be rescheduled. If you have any questions about your bill or would like to set up a payment plan call 541.229.7034.

PATIENT CANCELLATION, TARDINESS AND NO-SHOW AGREEMENT

Umpqua Health Newton Creek strives to provide each patient with quality personalized attention and the best care possible. Patients who cannot make an appointment should call and cancel at least 24 hours in advance to reschedule. This opens appointments for other patients needing prompt medical care. Whenever one patient “no shows”, another sick patient could have been seen in his/her place. As a courtesy, Umpqua Health Newton Creek confirms each appointment by sending reminder texts, call and email in advance of each appointment. However, it is the patient’s responsibility to make or cancel appointments and to ensure current insurance information, mailing addresses and phone numbers are provided. Umpqua Health Newton Creeks follows the guidelines below:

- **No Show:** A patient appointment that has not been cancelled at least 24 in advance of the scheduled appointment time.
When a no-show occurs, the patient will receive a text stating they have missed an appointment and reminding them to cancel 24 hours in advance.
- **Late Arrival:** A patient arrives past the scheduled appointment time.
If the patient arrives late and the provider is unable to work them into the schedule, they will reschedule for the next available appointment time. The patient may also go to the Urgent for immediate needs.

PATIENTS RIGHTS AND RESPONSIBILITIES

The Patient Rights and Responsibilities shall be given to every new patient and shall be permanently posted at Umpqua Health Newton Creek. When you are seen by an employee or contractor Of Umpqua Health Newton Creek, you have the responsibility to:

- Treat the staff with consideration, respect and dignity
- Understand that your life-style does affect your health
- Take an active part in your health care
- Follow the agreed upon treatment plan. If you choose or are unable to follow the treatment plan, it is your responsibility to inform the Medical Provider.
- Observe facility rules and regulations that are for the safety and consideration of all patients and staff
- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, advance directives (living wills or durable power of attorney), and other matters relating to your healthcare.
- Report whether you understand a contemplated course of action and what is expected of you

You have the right to:

- Be treated with consideration, respect and dignity
- Have the confidentiality of your medical information protected, to have privacy act regulations enforced, and to have these areas of confidentiality explained to you in language you can understand
- Have privacy during case discussion, counseling & treatment
- Review your records in the presence of a healthcare professional
- Know the name and qualifications of staff providing your care
- Know your diagnosis, health problems, test results, the potential advantages and risks of treatment or procedures in language you can understand
- Expect that all services, treatment and counseling techniques will take place with your informed consent
- Participate in referral planning
- Have access to the patient comment procedure
- Refuse to participate in research
- Have another individual present in the exam room with you, if you so desire

PATIENT PORTAL

UHNC offers you direct access to your care team at all times. Access your patient portal through our secure web address at www.umpquahealthclinic.com or by downloading the app. From the patient portal you can do the following:

- Access your electronic health records such as:
 - Visit summaries
 - Medical history
 - Immunizations
 - Medications
 - Allergies
 - View your lab, imaging and diagnostic testing results

- Ask your care team a question through our messaging system and we will give you a call back as soon as possible, depending on the request, within 1-3 business days.
- Please do not use for emergency purposes. Depending on the severity of your need, call the clinic for same day scheduling, visit our urgent care or dial 911
- Schedule non-urgent appointments
- Get appointment reminders
- Submit requests for referrals, labs and prescription refills
- Pay your bill
- View your current and past payment statements

HEALTH CARE TEAM ROLES & RESPONSIBILITIES

This Practice's health care teams consist of the providers, medical assistants, patient service representatives, and support staff. Each position plays an important role in providing quality care to our patients. For an updated list of our providers and who is assigned to your care team, please visit our website at www.umpquahealthclinic.com.

1. **Providers:** Responsible for assessment and treatment of our patient population.
2. **Medical Assistants:** Responsible to support our providers and the medical needs of our patients.
3. **Patient Service Representative:** Provide administrative support to providers and medical assistants.
4. **Support Staff:** Responsible for referrals, prior authorizations, medical records, financial and resource assistance for patients.

FINANCIAL ASSISTANCE

- **Pathways:** The Pathways program was designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services. Pathways is a sliding scale program, using household income level and size as guidelines for assistance.
- **Eligibility:** Pathways applicants who are approved are eligible for a six (6) month period before re-application. The Pathway's program is presented to every patient at Umpqua Health- Newton Creek regardless of whether they are uninsured, Medicaid, Medicare, Medicare Advantage or commercially insured. Eligibility can be tricky based on deductibles and other nuances. To find out more information, contact Umpqua Health Newton Creek and ask to speak to the Patient Navigator.

CHANGES TO THIS NOTICE

We can change the terms of this notice at any time. The terms will apply to all health information we already have about the patient, as well as any information we may receive. The new information will be available on our website, in our clinics, and upon request.

QUESTIONS OR COMPLAINTS

A complaint or grievance can be made electronically, in person, by phone, or by mail. Patients should request to speak with a Patient Navigator when calling our Practice, send an email request electronically to ClinicFeedback@umpquahealth.com, or use this printable Patient Complaint Form to mail, which is available on our Umpqua Health Clinic website. The Patient Navigator will be in contact the patient within seven (7) business days of receiving the complaint. The patient will be notified of a resolution within thirty (30) days. We will not penalize or retaliate against you for filing a complaint.

NONDISCRIMINATION NOTICE

Umpqua Health – Newton Creek (UHNC) complies with applicable federal civil rights laws and does not discriminate on the basis of:

- race
- color
- national origin
- age
- disability
- sex

UHNC does not exclude people or treat them differently because of:

- age
- marital status
- religion
- disability
- national origin
- color
- gender identity
- race
- sexual orientation

To submit a report on the compliance hotline:

- Call (844) 348-4702
- Visit www.umpquahealth.ethicspoint.com

Umpqua Health prohibits any retaliation of any kind against any person or entity who reports, or assists in the investigation of, any suspected or potential misconduct.

We also provide free aids and services to people with disabilities or whose primary language to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

If you need these services, or if you believe that we has failed to provide these services or discriminated in another way, based on age, color, disability, gender identity, marital status, national origin, race, religion, sex, or sexual orientation, you can file a grievance with This Practice, in person, by phone, or by mail using the contact information in the Clinic Information section listed above.

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 about this notice, please contact our Compliance Department at 541-229-7043.

We understand that your health information is personal, and we take the privacy of our patients and others we serve very seriously. The law requires us to (1) protect the privacy of the health information we create or receive; (2) provide you with this notice describing how we may use and share your health information; and (3) follow the terms of this notice. This notice applies to health care providers affiliated with Umpqua Health, LLC, including Umpqua Health Newton Creek, LLC and all of their employees, volunteers, and service providers, including clinicians, who have access to the health information we have received while caring for you.

A. Use and Disclosure of Health Information Without Your Permission.

We may use or share your health information without your permission in the following circumstances:

1. *Treatment.* We may use your health information to provide you with health care services and to coordinate and manage your care. We may share your health information with doctors, nurses, technicians, and others involved in your care, including third parties such as hospitals, pharmacies, or home health agencies.
 - *Example: A doctor treating your injury may need to review your medical history to know if you have other health conditions that may complicate your treatment. The doctor may also share your treatment plan with a physical therapist involved in your care.*
2. *Payment.* We may use and share your health information so that we, or others, may bill and be paid by you, your insurance company, or a third party for the health care services provided to you. We may also tell your health plan about a treatment you are going to receive, to obtain your plan's prior approval or learn if your plan will pay for the treatment.
 - *Example: We may provide information to your health plan about the services we provided to treat your injury, so that the health plan will pay us or reimburse you for those services.*
3. *Operations.* We may use and share your health information to run the necessary administrative, educational, quality assurance, and business functions at our clinics.
 - *Example: We may use your health information to evaluate the performance of our staff in caring for you or to help us determine what additional services we should offer and how we can improve efficiency or quality of care.*
4. *Information Exchange.* We utilize an electronic health record system that is maintained by an Umpqua Health affiliate and is shared by multiple health care providers and organizations in the Douglas County community. We also participate in local and national health information exchanges that permits health care providers to electronically exchange health information. Your health information may be shared with other providers and organizations when necessary and as appropriate for our and their treatment, payment, and health care operations purposes.
5. *Organized Health Care Arrangement.* We participate in a clinically integrated network that engages in certain health care quality and efficiency initiatives and is supported by ACE Network, LLC. Participants of the clinically integrated network has formed an organized health care arrangement ("OHCA"). As our business associate, ACE Network, LLC facilitates information sharing among the OHCA participants in furtherance of the OHCA's health care quality and efficiency-related activities. Your health information may be shared by ACE Network, LLC with other OHCA participants.
6. *Appointment Reminders.* We may use and share your health information to contact you as a reminder that you have an upcoming appointment for treatment or related services.

7. *Treatment Alternatives and Related Services.* We may use and share your health information to tell you about or recommend possible treatment options, alternatives, or health and related benefits or services that may be of interest to you.
8. *Public Health.* We may share your health information for public health activities, such as preventing or controlling disease, injury, or disability; reporting births, deaths, suspected abuse or neglect, domestic violence, or non-accidental physical injuries; reporting reactions to medications or problems with products; and helping with product recalls.
9. *Health Oversight.* We may share your health information with health oversight agencies for activities authorized by law, such as audits and investigations
10. *Legal Proceedings.* We may share your health information in response to any court order, administrative order, or subpoena that requires us to share your information, if certain requirements are met.
11. *Law Enforcement.* We may share your health information with law enforcement officials, as appropriate, to report a crime or assist in the investigation of a crime.
12. *Public Safety.* We may share your health information to prevent a serious threat to anyone's health or safety. Employment. We may share your health information with employers, insurers, and others to comply with laws related to workers' compensation and employment safety.
13. *Organ Donation.* We may share your health information with organ procurement organizations or organ donation banks to facilitate organ, eye, or tissue donation or transplantation.
14. *Death.* We may share your health information with coroners, medical examiners, or funeral directors if you die. Research. We may use or share your health information for research purposes under certain limited circumstances.
15. *Special Circumstances.* We may share your health information for specific government functions, such as national security, military activities, the operation of correctional facilities, and government benefit programs
16. *Required by Law.* We will share your health information as required by federal, state, or local laws.

B. Disclosure of Health Information to Family and Friends.

1. We may share your health information with your family, close friends, or others involved in your care or the payment of your care if you tell us we can do so or if we can assume, based on the circumstances and our professional judgment, that you do not object. If you are unable to approve or object (for example, if you are unavailable or unconscious), we may share your health information that is related to the particular person's involvement in your care only if we feel it is in your best interest.
2. We may also share your health information to notify, or assist in notifying, your family, close friends, or others involved in your care of your location or general condition. For example, in a natural disaster or other emergency, we may share your health information with a disaster relief organization to assist in notifying your family of your location and general condition.

C. Use and Disclosure of Health Information for Fundraising Activities.

We may use and share a limited amount of your health information to contact you in connection with fundraising efforts. Any fundraising communications you receive from us will include information about how you can elect not to receive any further fundraising communications.

D. Use and Disclosure of Your Health Information Requiring Written Permission.

Other than for the purposes described above in Sections A-C, we will not use or share your health information for any purpose unless you give us specific written permission to do so. Special circumstances that require your written permission include:

1. *Psychotherapy Notes.* In most cases, we may not share your psychotherapy notes without your written permission.
2. *HIV Test Results.* In certain circumstances, disclosure of your test results for human immunodeficiency virus (HIV) requires your written permission.
3. *Sale of Health Information.* We will not sell your health information without your written permission.
4. *Marketing.* We will not use or share your health information for marketing purposes that encourage you to buy a product or service, unless we have your written permission.
5. If you provide written permission, you can revoke it at any time by contacting the Compliance Department in writing. If you revoke your permission, we will no longer use or disclose your health information as allowed by the written permission, except to the extent we have already relied on it.

E. Your Rights Regarding Your Health Information.

You have the following rights with respect to your health information. If you want to exercise these rights, you must do so in writing by completing a form you can obtain from the Umpqua Health Compliance & Privacy Office. In some cases, we may charge you for the costs of providing materials to you. You can get more information about how to exercise your rights and any costs that we may charge for materials by contacting the Umpqua Health Compliance & Privacy Office.

1. *Request Restrictions.* You can ask us in writing to limit how we use or share your health information for treatment, payment, or our operations. We are not required to say “yes” to your request, and we may say “no” if it would affect your care. Please ask a staff member for the Request for Restriction of Health Information form. If you or someone else, other than your health plan, pays for a procedure, service, or test out-of-pocket and in full, you can ask that we not share that information with your insurer for payment or health care operations purposes. We will say “yes” to your request, unless the law requires us to share that information.
2. *Access.* You can ask to see or get an electronic or paper copy of your medical record and other health information. We will provide you with a copy or summary of your health information, usually within 30 days of your request. We may say “no” to your request in certain circumstances, but if we do, you may ask that the decision be reviewed.
3. *Amend.* If you believe your health information is incorrect or incomplete, you can ask us in writing to correct the information. We may deny your request in certain circumstances, but we will tell you why in writing, usually within 60 days of your request. Please ask a staff member for the Request for Amendment of Protected Health Information form.
4. *Accounting of Disclosures.* You can ask us for a list of when we shared your health information, who we shared it with, and why. We will include all disclosures except:
 - Disclosures made for treatment, payment, and our operations;
 - Certain other disclosures, such as disclosures made to you or made with your permission; and
 - Disclosures made more than six years before your request.
5. *Confidential Communications.* You can ask us to contact you in a certain way or at a certain location. For example, you may ask us to contact you at work or by mail. We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.
6. *Notice of Privacy Practices.* You can ask for a paper copy of this notice, even if you agreed to receive this notice electronically.
7. *Notice of Breach.* We must provide you with written notice if we discover a breach that may have compromised the privacy or security of your unsecured health information.

F. Changes to This Notice.

We can change the terms of this notice, and the terms will apply to all health information we already have about you, as well as any information we receive in the future. The new notice will be available on our website, in our clinics, and upon request.

G. Questions or Complaints.

If you have any questions about this notice or believe your privacy rights have been violated, please contact our Privacy Officer at 541-229-7035 or compliance@umpquahealth.com. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by following the instructions at <https://www.hhs.gov/hipaa/filing-a-complaint>.

We will not penalize or retaliate against you for filing a complaint.