



This release allows us to obtain you preventative health records from your primary care provider.

From: _____

To: Coplin Health Systems
Parkersburg Family Care
2610 Camden Avenue, Parkersburg, WV 26101
304-917-3733 (office); 304-917-3750 (fax)

This information may be: Mailed _____ Picked Up _____ Faxed _____

Patient's Name _____ DOB: _____

Address: _____

Social Security Number: _____

This release is for continuity of care and does not reflect a change in the patient's primary care provider.

I understand that this authorization shall remain in effect for sixty (60) days from the date of my signature below unless an earlier expiration date is specified in this space _____. I also understand that except to the extent that action has been taken based on my authorization, I may withdraw this authorization at any time by written notification to the parties involved. I further agree that Coplin Health Systems, or its agent, may charge me or any designated recipients cost incurred in preparing the copy of the requested records.

Records to be released: Please mark beside any applicable information to be released.

(Note: If psychiatric/mental health, alcohol/other drug, or HIV/AIDS information is contained within the record(s), no part of the record(s) can be released unless the categories are marked appropriately.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Pap Smear | <input type="checkbox"/> EKG Reports | <input type="checkbox"/> Colonoscopy |
| <input type="checkbox"/> Bone Density Scan | <input type="checkbox"/> Diabetic Foot Exam | <input type="checkbox"/> Mammogram |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Dilated Retinal Eye Exam | <input type="checkbox"/> Office Notes |
| <input type="checkbox"/> Labs | <input type="checkbox"/> Operative/Procedural Reports | <input type="checkbox"/> Radiology Reports |
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Psychiatric/Mental Health Notes | <input type="checkbox"/> Alcohol/Drugs |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> All Information | |

Dates of Most Recent Treatment(s): _____

SIGNATURE OF PATIENT OR GUARDIAN: _____

RELATIONSHIP TO PATIENT: _____ **DATE:** _____

WITNESS: _____

If the above signature is not that of the patient, explanation will be provided below and documentation of guardianship, power of attorney or executor may be required to accompany this authorization.

PROHIBITION ON RE-DISCLOSURE OF PATIENT INFORMATION regarding psychiatric, alcohol and other drug, HIV/AIDS and other categories specifically protected by State and Federal laws:

This notice accompanies a disclosure of patient information specifically protected by State and Federal confidentiality laws. This information is disclosed to you with the expressed written consent of the patient. The law prohibits you from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by Federal or State law. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any patient. Revised: June 16, 2017



PERSONAL INFORMATION

SSN _____ - _____ - _____ DATE OF BIRTH _____ - _____ - _____

NAME _____
First Middle Last

PREFERRED _____ SUFFIX _____
Nickname

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ EMAIL _____

HOME PHONE _____ - _____ - _____ CELL PHONE _____ - _____ - _____

PREFERRED PHONE: HOME _____ CELL _____ MARITAL STATUS: M _____ S _____ OTHER _____

SELF IDENTIFICATION QUESTIONNAIRE

Coplin Health Systems is asking you to self-identify your ethnicity, race, disability, sexual preference/identification, and veteran status. No negative or adverse action will be taken, regardless of whether you provide this information. Participation in the survey is voluntary. However, your cooperation and participation will allow us to serve our communities better and obtain the most accurate data possible for reporting purposes. No patient will be discriminated against because of race, gender, color, natural origin, age, disability, sexual preference, or religion.

RACE/ETHNICITY (Please circle all that apply): *Asian American Indian or Alaskan Native Black or African American Caucasian (White) Hispanic or Latino Native Hawaiian Pacific Islander*

DISABILITY STATUS: *Do you have a disability as identified by the Americans with Disabilities Act?* YES NO

DO YOU IDENTIFY AS (Please circle all that apply):
Straight/heterosexual Lesbian/gay/homosexual Bisexual I prefer not to answer.

Acknowledging significant health disparities facing LGBT populations, HHS has taken steps to fill the gaps in research that will help the department understand how to better meet the needs of LGBT communities. (U.S. Dept. of Health and Human Services)

EMPLOYMENT

EMPLOYMENT STATUS: *Employed Unemployed Retired Disabled*

Student: Full-time Part-time (School name) _____

EMPLOYER NAME _____ ADDRESS _____

PHARMACY AND PRIMARY CARE PHYSICIAN

PREFERRED PHARMACY *(include location)* _____

Please provide the receptionist with your prescription card for photocopying if it is not included with your insurance card.

NAME OF PRIMARY CARE PHYSICIAN _____ PHONE _____ - _____ - _____



EMERGENCY CONTACT AND RESPONSIBLE PARTY

EMERGENCY CONTACT (list different from above)

NAME _____ RELATIONSHIP _____

HOME PHONE _____ - _____ - _____ CELL/WORK PHONE _____ - _____ - _____

RESPONSIBLE PARTY (if under 18 years old)

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ - _____ - _____ CELL/WORK PHONE _____ - _____ - _____

INSURANCE INFORMATION

PRIMARY HEALTH INSURANCE _____ POLICY HOLDER _____

POLICY HOLDER DOB _____ - _____ - _____ POLICY HOLDER SSN _____ - _____ - _____

PLACE OF EMPLOYMENT _____

SECONDARY HEALTH INSURANCE _____ POLICY HOLDER _____

POLICY HOLDER DOB _____ - _____ - _____ POLICY HOLDER SSN _____ - _____ - _____

PLACE OF EMPLOYMENT _____

INCOME INFORMATION

As a nonprofit organization, we are required to collect the following information. It is used for grant purposes only. (Please circle)

NUMBER OF PEOPLE CURRENTLY LIVING IN YOUR HOUSEHOLD: 1 2 3 4 5 6 7 8 9 10

ESTIMATED MONTHLY HOUSEHOLD INCOME: \$100-500 \$500-1,000 \$1,001-1,500 \$1,501-2,000 \$2,001-2,500
\$2,501-3,000 \$3,001-3,500 \$3,501-4,000 \$4,001-4,500 \$4,501-5,000 \$5,001-5,500 \$5,501-6,000

HOUSEHOLD STATUS: Own My Home Rent Live with Someone In Shelter

MILITARY STATUS: Not a Veteran Active Service Veteran

NO SHOW POLICY

In the future, please notify us at least 2 hours in advance if you are unable to keep your appointment. Failing to notify us of your inability to keep an appointment 3 times in a single calendar year will result in your dismissal from receiving services at any Coplin Health Services location. If you believe there is a just cause/reason for your most recent missed appointment, you can appeal the “No Show” status by writing an appeal to the Office Manager at your healthcare site. Within 7 working days, you will be informed of the decision of the “No Show” Appeals Committee. Please initial that you have been notified of this policy: _____

MEDICAL AND NURSING STUDENTS

I agree to have nursing or medical students present during my care (Please initial one): Yes _____ No _____

ACKNOWLEDGEMENT

The above information is true to the best of my knowledge. In understand I am consenting to medical treatment for myself and/or the patient I am responsible for as listed above. I understand that I am financially responsible for any balance. I also authorize Coplin Health Systems or my insurance company to release any information required to process my claims. I understand there will be a \$25.00 fee for all returned checks.

Patient of Legal Guardian (please print) _____

Patient of Legal Guardian (signature) _____ Date _____

PATIENT INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The HIPAA Privacy Rule established national standards to protect individuals' medical records and other personal information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The rule also gives patients' rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections (www.hhs.gov).

Please read the statement below and sign that you are aware that a copy of our HIPAA policies is available upon request, prior to receiving services.

I certify that I have been made aware that a copy of Coplin Health Systems' Notice of Privacy Practices, as required under HIPAA, is available to me at any time. The notice of Privacy Practices describes the type of users and disclosures of my health information that might occur for my treatment, payment of bills, or in the performance of Coplin Health Systems' health care operations and other purposes permitted and required by law. It also describes my rights to access and the control of my protected health information. I understand that the notice of Privacy Practices is also posted in waiting areas.

PATIENT'S NAME *(please print)* _____

PATIENT'S SIGNATURE _____

DATE _____

PATIENT'S REPRESENTATIVE NAME *(please print)* _____

PATIENT'S REPRESENTATIVE SIGNATURE _____

DATE _____

WITNESS' NAME *(please print)* _____

WITNESS SIGNATURE _____

DATE _____

TITLE: Patient ‘No Show’ Policy
DEPARTMENT: Front Desk/Billing
EFFECTIVE DATE: 3-27-17

SCOPE: Coplin Health Systems

PURPOSE: The purpose of this policy is to reduce the number of ‘No Show’ patient appointments thereby optimizing provider scheduling and availability. Included within, are instructions for determining a ‘No Show’ visit with the processes and consequences that apply for the ‘No Show’ status. This policy does not apply to children 17 and under, patients with intellectual and developmental disabilities (IDD), patients with traumatic brain injuries (TBI), and/or behavioral health appointments.

POLICY:

Operational Definitions:

1. A patient will be considered a **‘No Show’** when:
 - a. The patient does not contact the office to cancel a scheduled appointment within 2 hours of the scheduled appointment **OR**
 - b. The patient does not show for their scheduled medical appointment without notifying Coplin Health Systems.

Steps to Address ‘No Show’ Appointments:

New Patients:

1. **First ‘No Show’ Appointment** - Front office staff will alert the Care Management (CM) and the provider that the appointment was a ‘No Show’ through a task. Care Management will contact the patient by phone to determine the patient’s no show status. If the CM determines that the patient was a ‘No Show,’ it will be recorded in the EHR as a ‘No Show.’ The CM will also attempt to rectify issues that may have led to the patient no showing. The CM will then reschedule the patient or put a note in the system that the patient desires not to be rescheduled. If the patient desires not to be rescheduled then the care manager will deactivate the patient.
2. **Second ‘No Show’ Appointment** - The ‘no show’ patient will be dismissed. We will then send a dismissal letter alerting the patient that s/he will no longer be able to schedule an appointment with Coplin Health Systems.

Established Patients:

1. **First ‘No Show’ Appointment** - Front office staff will alert Care Management (CM) and the provider that the appointment was a ‘No Show’ through a task. Care Management will contact the patient by phone to determine the patient’s no show status. If the CM determines that the patient was a ‘No Show,’ it will be recorded in the EHR as a ‘No Show.’ The CM will also attempt to rectify issues that may have led to the patient no showing. Care Management will then reschedule the patient or put a note in the system that the patient desires not to be rescheduled. If the patient desires not to be rescheduled then the care manager will close them out.
2. **Second ‘No Show’ Appointment** - The front office staff will alert the Care Manager and the provider that the appointment was a ‘No Show’ through a task. The Care Manager will record the ‘No Show’ in the EHR and then send a letter to the patient with instructions to contact the office to reschedule the appointment.



3. **Third ‘No Show’ Appointment** - The front office staff will alert the Care Manager and the provider that the appointment was a ‘No Show’ through a task. If a patient has 3 ‘No Show’ appointments within 1 calendar year it will result in the patient being dismissed permanently from Coplin Health Systems. The permanent dismissal process will include:
 - A certified dismissal letter signed by the CMO and CEO will be sent to the dismissed patient. The dismissal letter will notify the patient of their dismissal, notified that a final 30 day prescription of currently prescribed medications will be issued by the provider, and will be provided alternative health care options for the patient to consider.
 - When the dismissal letter is sent the primary care provider will be notified of the dismissal, and the provider will issue prescriptions for a 30 day supply of currently prescribed medications.
 - This ‘No Show’ policy does not take precedence over any existing Emergency Services policy.

Expectations for Providers Who have a ‘No Show’ Patient.

1. An opening in the schedule due to a ‘No Show’ appointment will be filled with an Acute patient when available to assist with Acute patient overflow. Otherwise, the provider will use this downtime to work on documentation.

What Happens with a Patient who had less than 3 ‘No Shows’ in a Calendar Year?

1. At the beginning of each New Year (January 1st) a patient’s ‘No Shows’ will be reset to zero for those patients that had two or less ‘No Shows’.

Can a Patient Appeal Their No Show Status?

1. The patient, the patient’s guardian or legal representative has the right to file an appeal to the ‘No Show’ status on the respective account. The patient/representative will meet with the Office Manager, and the Office Manager will transcribe the appeal. Management will then follow the ‘No Show’ appeal procedure to determine the final outcome of the appeal (No Show Appeal Procedure is below).

Can a Dismissed Patient Receive Acute Care Services?

1. Any patient dismissed due to the “No Show Policy” and is in need of acute care services are to be seen and services will be provided to address any acute issue. Thus, a dismissed patient due to the ‘No Show’ policy does not prevent said patient from seeking Acute Care services. However, with exception to presenting with an imminent life threatening condition, patients that are dismissed due to other clinical reasons will not be seen for acute care services.

Why are Behavioral Health Appointments Excluded from the No Show Policy?

1. Behavioral health appointments are excluded due to the integrated model being utilized. Within the integrated model, Coplin Health Systems medical patients qualify for behavioral health services. Therefore, the no show status is tied to the medical appointment only. If the patient is dismissed due to medical no shows, they will automatically be dismissed from behavioral health services as well.



PROCEDURES:

Procedure for Addressing ‘No Show’ Appointments for New Patients:

1. Following the first missed appointment for a new patient, the front office staff will alert Care Management (CM) and the provider that the appointment was a ‘No Show’ through a task. Care Management will contact the patient by phone to determine the patient’s no show status. If the CM determines that the patient was a ‘No Show,’ it will be recorded in the EHR as a ‘No Show.’ CM will then track ‘No Show’ appointments by placing a ‘No Show’ alert on the patient’s electronic account with a comment “patient ‘No Show’ for appointment” entered on the patient’s electronic account under display notes as appropriate. (Please see attached No Show Protocol for CM to properly record ‘No Shows’ in the current EHR system.) The CM will also attempt to rectify issues that may have led to the patient no showing. Care Management will then reschedule the patient or put a note in the system that the patient desires not to be rescheduled. If the patient desires not to be rescheduled then the care manager will close them out.
2. Following the second missed appointment for a new patient, the front office staff will alert Care Management (CM) and the provider that the appointment was a ‘No Show’ through a task. The CM will then verify the No Show and record it appropriately in the EHR. The patient will then be permanently dismissed from Coplin Health Systems and will not be able to schedule appointments with providers. CM will then send a certified dismissal letter signed by the CMO and CEO to the dismissed patient. The dismissal letter will include alternative health care options.

Procedure for Addressing Established ‘No Show’ Appointments:

1. Following the first missed appointment, the front office staff will alert Care Management (CM) and the provider that the appointment was a ‘No Show’ through a task. Care Management will contact the patient by phone to determine the patient’s no show status. If the CM determines that the patient was a ‘No Show,’ it will be recorded in the EHR as a ‘No Show.’ CM will then track ‘No Show’ appointments by placing a ‘No Show’ alert on the patient’s electronic account with a comment “patient ‘No Show’ for appointment” entered on the patient’s electronic account under display notes as appropriate. (Please see attached No Show Protocol for CM to properly record ‘No Shows’ in the current EHR system.) The CM will also attempt to rectify issues that may have led to the patient no showing. The CM staff, will track ‘No Show’ appointments by placing a ‘No Show’ alert on the patient’s electronic account with a comment “patient ‘No Show’ for appointment” entered on the patient’s electronic account under display notes as appropriate. (Please see attached No Show Protocol for front desk to properly record ‘No Shows’ in the current EHR system.) CM will then reschedule the patient or put a note in the system that the patient desires not to be rescheduled. If the patient desires not to be rescheduled then CM will close them out.
2. Following the second “No Showed” appointment, the front office staff will alert Care Management (CM) and the provider that the appointment was a ‘No Show’ through a task. CM will then verify the No Show and will track the second ‘No Show’ appointment by placing a ‘No Show 2’ alert in the patient’s EHR with a comment “patient No Show 2 for appointment” entered under display notes as appropriate. (Please see attached No Show Protocol to be used by CM to input and record ‘No Shows’ in the current EHR system.) CM will then send a reminder letter (approved letter template is attached to this policy will available in EHR) to the patient which will include a copy of the ‘No Show’ policy and instructions for the patient to call and reschedule his/her appointment. A copy of the letter will be placed in the “Documents” section of the patient’s EHR by CM at the time of preparation and mailing of the notice.



Procedures and Protocols: Patient “No-Show” Policy

3. Following a third ‘no showed’ appointment within a calendar year, the front office staff will alert Care Management (CM) and the provider that the appointment was a ‘No Show’ through a task. The CM will then verify the No Show and record it appropriately in the EHR. The patient will then be permanently dismissed from Coplin Health Systems and will not be able to schedule appointments with providers. CM will then send a certified dismissal letter signed by the CMO and CEO to the dismissed patient. The dismissal letter will include alternative health care options. When a patient is permanently dismissed, the primary care provider will be notified, and the provider will issue prescriptions for a 30 day supply of currently prescribed medications.
4. If a verbal or written appeal is received, Management, in cooperation with the patient’s assigned provider, will review and reserves the right to waive the dismissal upon **verifiable and justifiable** circumstances or conditions that have reasonably prevented the patient from conforming to the ‘No Show’ policy. (Please see the No Show Appeal procedure.)

Procedure for How to Properly Record a No-Show in Intergy:

IF A PATIENT NO SHOWS:

1. Go to the Check-In Screen
2. Right Click on the Patient
3. Mark “No Show”
4. Go to Patient Information Screen
5. Go to scheduling
6. Include History
7. Look at last calendar year of appointments and look for no shows
8. **DO NOT Cancel the patient off of the appointment screen**
9. Go back to personal screen
10. Go to notes
11. If no DIS note, make new note
12. If there is already a DIS note, edit it.
13. The following note will be placed AFTER any Bad Debt DIS note
14. Put note stating ‘1st No Show and date’ or ‘2nd No Show and date’ or ‘3rd No Show - discharged and date.’
15. On the 2nd ‘No Show’ appointment, go into EHR and print ‘No Show 2’ letter.
16. Upon the 3rd ‘No Show’ within the calendar year, the patient will be permanently dismissed. The front staff will print ‘3rd No Show’ letter, hand it to the Office Manager, and the Office Manager will have the CMO and CEO sign the letter. Once signed, the dismissal letter will be certified.

Procedure for How a Patient or Patient Representative can Appeal ‘No Shows’:

1. The patient, &/or the patient’s guardian or legal representative, has the right to file an appeal to the ‘No Show’ status on the respective account.
2. When the patient/representative contacts the office at which the ‘No Show’ occurred, the Office Manager will field the call. The Office Manager will inform the patient of the appeal process. If the patient/representative would like to appeal a ‘No Show’ the Office Manager will request that the patient/representative put the reason for appeal in writing. If the patient/representative is unable to write out the appeal, the Office Manager will transcribe the appeal and submit it to the CMO for review.



Procedures and Protocols: Patient “No-Show” Policy

3. The CMO has the right to determine the outcome of the appeal independently, if s/he so chooses.
4. However, the CMO can also choose to hold a Clinical Appeal Committee meeting in which the patient/representative's appeal will be reviewed and a final decision on the appeal will be reached. The CMO will determine the members of the Clinical Appeal Committee.
5. Once the CMO, or Clinical Appeal Committee, makes a decision, it will be final.
6. A letter will then be drafted indicating the decision reached and the consequences as a result of that decision.
7. If the decision is to uphold the ‘No Show’ then the “No Show” procedure will be followed.
8. If the decision is to reverse the “No Show” then the decision will be passed down to the Office Manager and the Office Manager will make sure the ‘No Show’ is removed from the patient record.

REFERENCES: ‘No Show’ letter 1 and ‘No Show 2’ dismissal letter, available electronically in the electronic health record.

CROSS REFERENCES: Coplin Health Systems Patient Health Insurance Portability and Accountability Act (HIPAA) form includes the ‘No Show’ policy with the signature of the patient as acknowledgment and notification of policy.