

EAST MS ENDOSCOPIC CENTER, LLC

OPEN ACCESS COLONOSCOPY

Patient Questionnaire

PT NAME _____

AGE _____

PHONE NUMBER _____

DATE OF BIRTH _____

(Between the hours of 1:00-3:15pm)

1. Please circle any of the following signs or symptoms you have had within the last 6 months.

Blood in Stool, Toilet Water or Clothing

Black Tarry Stools

Abdominal Pain (where _____)

Changes in Bowel Habits

New Onset Anemia

Hidden Blood in Stool (Found by your Primary Doctor)

Unintentional WT Loss

2. Have you ever had a colonoscopy? Yes No If yes, when? _____

3. Have you ever been diagnosed with colon polyps or colon cancer? Yes No

4. Has any blood relative been diagnosed with colon polyps or colon cancer? Yes No

	Relationship	Age at Diagnosis
Colon Cancer		
Colon Cancer		
Colon Polyps		
Colon Polyps		

5. Have you had any of the following medical problems within the last 6 months?

Illness	Date	Illness	Date
Heart Attack or Heart Surgery		Stroke	
Congestive Heart Failure		Diabetes	
Kidney Disease		Respiratory Illness	
Cardiac Stent Placed			

6. Are you on anticoagulants (blood thinners) ? Plavix, Coumadin, Aspirin, etc
yes no

7. What type of insurance do you have?

8. Does your insurance pay for screening colonoscopy?

Fax, mail or bring this form to:

East Mississippi Endoscopic Center
1926 23rd Avenue
Meridian, MS. 39301

Telephone: 601-485-1131
Fax: 601-485-1336

A Nurse will call you to discuss this and any other questions you may have.

PATIENT QUESTIONNAIRE

LAST NAME: _____ FIRST NAME: _____ MI _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE #: _____ WK PHONE: _____ CELL: _____
DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____
EMPLOYER: _____

SPOUSE NAME: _____ CELL PHONE: _____
SPOUSE EMPLOYER: _____ WK PH: _____
SPOUSE SSN: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT PERSON (OTHER THAN SPOUSE): _____
RELATIONSHIP TO PATIENT: _____ PHONE: _____

INSURANCE: _____ ID NO: _____
NAME OF INSURED: _____ RELATIONSHIP: _____

FILL OUT THE FOLLOWING IF MINOR:

PARENT/GUARDIAN: _____ DATE OF BIRTH _____
SSN: _____ HOME PHONE: _____ CELL: _____
EMPLOYER: _____ WK PHONE: _____

PLEASE GIVE RECEPTIONIST A CURRENT COPY OF YOUR INSURANCE CARD(S)

PATIENT HEALTH HISTORY QUESTIONNAIRE

Patient Name: _____ Age: _____

Do you now or have you ever been diagnosed with any of the following? Indicate by circling the condition.

- | | | |
|---------------------------------|---|-------------------------|
| Congestive Heart Failure* | Cardiomyopathy* | Angina* |
| Enlarged Heart* | Myocardial Infarction* | Impaired Kidneys* |
| Ascites (fluid in the abdomen)* | Bowel Obstruction* | Nephrectomy* |
| Chronic Kidney Failure* | Severe Chronic Constipation* | Electrolyte Imbalances* |
| Ulcerative Colitis* | Hypertension | COPD/Asthma/Emphysema |
| Seizures | Hemophilia | Diabetes |
| CVA (stroke) | Mitral or Triscupid Valve Reflux or Replacement | |
- Other significant health conditions _____

Surgeries: _____

Do you require antibiotics prior to invasive or dental procedures due to heart valve problems? Yes No

Are you taking any of the following medications or medication types?

- | | | |
|---|---------------------|------------|
| Fluid Pill (or blood pressure pill/ fluid pill combined)* | Lasix (Furosemide)* | Potassium* |
| Thiazide* | Plavix | Coumadin |
| | Jantoven | Warfarin |
| | | Aspirin |
| | | Iron |

Please list the medications you are currently taking. If you do not have these please bring a list on the day of your procedure.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all Allergies: _____

Patient Signature

Date

Reviewed by RN

* Patient not eligible for Visicol or Osmoprep tablet Prep.

EAST MISSISSIPPI ENDOSCOPIC CENTER
NOTICE OF PRIVACY PRACTICES
Effective Date 04/13/03

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.

East Mississippi Endoscopic Center uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of East Mississippi Endoscopic Center.

How East Mississippi Endoscopic Center May Use or Disclose Your Health Information

For Treatment: East Mississippi Endoscopic Center may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

For Payment: East Mississippi Endoscopic Center may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations: East Mississippi Endoscopic Center may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- evaluate the performance of our staff
- assess the quality of care and outcomes in you cases and similar cases;
- determine how to continually improve the quality and effectiveness of the health care we provide.

Appointments: East Mississippi Endoscopic Center may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and devices that may be of interest to the individual.

Fund Raising: East Mississippi Endoscopic Center may use your health information to contact you to raise funds for a charitable community health project.

Required By Law: East Mississippi Endoscopic Center may use and disclose information about you as required by law. For example, East Mississippi Endoscopic Center may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties;

Public Health: Your health information may be used or disclosed for public health activities such as assisting public health authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Decedents: Health Information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Research: East Mississippi Endoscopic Center may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

Health and Safety: Your health information may be disclosed to avert a serious threat to the health and safety of you or any other person pursuant to applicable law.

Government Functions: Your health information may be used or disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

Workers Compensation: Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

Other Uses: Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent East Mississippi Endoscopic Center has taken in reliance on such.

EAST MISSISSIPPI ENDOSCOPIC CENTER
NOTICE OF PRIVACY PRACTICES
Effective Date 04/13/03

Your Health Information Rights

You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR §164.522; however, East Mississippi Endoscopic Center is not required to agree to a requested restriction;
- obtain a paper copy of the notice of information practices upon request;
- inspect and obtain a copy of your health record as provided for in 45 CFR §164.524;
- amend your health record as provided in 45 CFR §164.526;
- request communications of your health information by alternative means or at alternative locations;
- revoke your authorization to use or disclose health information except to the extent that action has already been taken; and
- receive an accounting of the disclosures made of your health information as provided by 45 CFR §164.528.

Complaints

You may complain to East Mississippi Endoscopic Center and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Obligations of East Mississippi Endoscopic Center

East Mississippi Endoscopic Center is required by law to:

- maintain the privacy of protected health information;
- provide you with this notice of its legal duties and privacy practices with respect to your health information;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and
- obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

East Mississippi Endoscopic Center reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by mail.

Contact Information

If you have any questions or complaints, please contact:

Crystal Boler, Privacy Officer
East Mississippi Endoscopic Center
1926 23rd Avenue
Meridian, MS. 39301
601-485-1131

GASTROENTEROLOGISTS: Joel T. Callahan, MD W. Gregory Thaggard, MD Anthony L. Thomas, MD Thomas D. Crowson, MD
UROLOGISTS: Robert E. Dilworth, MD Mark T. Phillips, MD

FINANCIAL POLICY

We would like to take this opportunity to welcome you to our office and to let you know we are committed to providing you with the best possible care. So there is no misunderstanding as to what our Financial Policy is, please take this time to read this information.

If you have no insurance, payment for services is due at the time services are rendered unless payment arrangements have been approved in advance. To assist you, we accept cash, checks, MasterCard or Visa.

If you have insurance, we will file it for you as a courtesy, provided we have your assignment of benefits. You must realize, however, that your insurance is a contract between you and the insurance company. Payment to us is your responsibility. If at the end of thirty working days your insurance hasn't remitted payment to us, payment will be due in full from you. Please keep in mind that not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they do not cover. If at any time you should want to avail yourself of our credit card payment system, we do accept MasterCard or Visa as mentioned above.

If you belong to an HMO or PPO, we follow the guidelines set forth in those plans. Please be sure to bring a referral form with you for your appointment if it is applicable. Services cannot be rendered if proper authorization hasn't been given. We do participate with Medicare and Blue Cross Blue Shield.

We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account. We do use outside agencies as a means of collection should we deem it necessary.

If you have any questions about the above information, or if you have any uncertainty regarding insurance coverage, don't hesitate to ask us. We are here to help you.