PARTNERS IN OB/GYN
PLEASE FILL IN ALL INFORMATION

ACCOUNT#_____HOW DID YOU HEAR ABOUT US? _____

PATIENT NAME_____DOB_____

ADDRESS_____

CITY_____STATE_____ZIP CODE_____TEL#_____ CELL#_____

MARITAL STATUS: **S M W D** MAIDEN NAME_____SS#_____
(REQUIRED)

RACE_____RELIGION_____PLACE/COUNTRY OF BIRTH_____

EMPLOYER NAME & ADDRESS_____TEL#_____

SPOUSE NAME_____DOB_____SS#_____

PRIMARY MD_____ REFERRING MD _____

IN CASE OF MEDICAL EMERGENCY CONTACT_____TEL#_____

COMPLAINT/PURPOSE OF VISIT_____

MEDICAL INSURANCE INFORMATION - PLEASE FILL IN ALL INFORMATION – ATTACH INSURANCE CARD ___

PRIMARY INSURANCE NAME_____ID#_____

PRIMARY INSURANCE ADDRESS_____

SUBSCRIBER_____ SUBSCRIBER DOB_____EMPLOYER_____

SECONDARY INSURANCE NAME_____ID#_____

SECONDARY INSURANCE ADDRESS_____

SUBSCRIBER_____ SUBSCRIBER DOB_____EMPLOYER_____

I, the undersigned certify that I (or my dependents) have insurance coverage with _____ and assign directly with Dr._____ all insurance benefits, if any otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance or RENDERED WITHOUT PROPER PC REFERRAL. I hereby authorize the use of this signature on all insurance submissions. I hereby authorize Doctor to release all information necessary to secure the payment of benefits.

X _____ _____ _____
RESPONSIBLE PARTY SIGNATURE **RELATIONSHIP** **DATE**

I CONFIRM THAT THE ABOVE INFORMATION IS CURRENT AND I HAVE PROVIDED A COPY OF MY INSURANCE COVERAGE. I AM IN AGREEMENT OF THIS BY MY SIGNATURE PROVIDED ABOVE.

Patient Screening for Hereditary Breast and Ovarian Cancer Syndrome and Hereditary Nonpolyposis Colorectal Cancer Syndrome

Patient Name: _____

Physician: _____ Date: _____

Please mark below if there is a personal or family history of any of the following cancers. If yes, then indicate family relationship and age at diagnosis in the appropriate column. Consider parents, children, brothers, sisters, grandparents, aunts, uncles, and cousins.

	YOU	SIBLINGS/ CHILDREN	MOTHER'S SIDE	FATHER'S SIDE
For example: Colorectal Cancer		***Brother 36 yrs.***	***Aunt 44 yrs. Cousin 58 yrs***	***Grandfather 65 yrs.***
BREAST AND OVARIAN CANCER				
Breast Cancer				
Ovarian Cancer				
Breast Cancer in both breasts OR multiple primary breast cancers				
Male breast cancer				
Are you of Ashkenazi Jewish descent?				
COLON AND UTERINE CANCER				
Uterine (endometrial) cancer				
Colorectal cancer				
10 or more colon polyps				
MELANOMA				
PANCREATIC CANCER				
OTHER CANCER:				
Stomach, kidney/urinary tract, brain, OR small bowel cancer				
OTHER:				

FOR OFFICE USE ONLY

☐ Patient appropriate for further risk assessment and/or genetic testing: _____

☐ Patient given information to review ☐ Patient offered genetic testing: ☐ accepted ☐ declined

☐ Follow up appointment scheduled Date: _____

Health Care Provider's Signature: _____ Date: _____

PARTNERS IN OBSTETRICS AND GYNECOLOGY, INC. PRIVACY NOTICE

I. 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.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION ("PHI")

This notice explains how we use and share your protected health information. We are required by law to protect the privacy of PHI and to follow the privacy practices described in this notice.

PHI includes information that we create or receive about your past, present, or future health or condition, the provision of health care to you, or the payment for health care provided to you. In general, we may not use or share any more PHI than is necessary to accomplish our purpose.

We may change the terms of this notice and our privacy policies at any time. Any change will apply to the PHI we already have. When we change our policies, we will promptly change this notice and post it in our main reception area.

III. HOW WE MAY USE AND SHARE YOUR PHI

We use and share PHI for many different reasons. Below, we describe the different reasons and give you some examples of each category.

A. Use of PHI for Treatment, Payment, or Health Care Operations. We may use and share PHI for the following reasons:

1. For treatment. We may use and share PHI with physicians, nurses, medical students, and others who provide you with health care services or are involved in your care. For example, if you're being treated for gestational diabetes, we may share PHI with the nutritionist in order to coordinate your care.

2. For payment. We may use and share PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may share PHI with your health plan, to get paid for the health care services we provided to you. We may also share PHI with billing companies and companies that process our health care claims.

3. For health care operations. We may use and share PHI in order to support the business activities of this facility. For example,

your PHI for the following reasons:

1. Reports required by law. We may report PHI when the law requires us to give information to government agencies and law enforcement about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds, or when required in a legal proceeding.

2. Public health. We may report PHI about births, deaths, and other diseases to government officials in charge of collecting that information. We may provide PHI relating to death to coroners, medical examiners, and funeral directors.

3. Health oversight. We may report PHI to assist the government when it investigates or inspects a health care provider or organization.

4. To avoid harm. We may report PHI to law enforcement, in order to avoid a serious threat to the health or safety of a person or the public.

5. Other government functions. We may report PHI for certain military and veterans' activities, national security and intelligence purposes, protective services for the President of the United States, or correctional facility situations.

6. Workers= compensation. We may report PHI in order to comply with workers= compensation laws.

7. Appointment reminders and health-related benefits or services. We may use PHI to give you appointment reminders; or give you information about treatment choices or other health care services or benefits we offer.

C. When You May Object to Our Use of PHI.

1. Disclosures to family, friends, or others. We may share your PHI with a family member, friend, or other person that is involved in your care or the payment for your health care.

example, we may use PHI in order to evaluate the quality of health care services that you receive, or to evaluate the health care professionals who provide health care services to you. We may also share PHI with our accountants, attorneys and others in order to make sure we are complying with the laws that affect us.

D. When Our Use of PHI Requires Your Prior Written Authorization. We must ask for your written authorization for any other use of PHI not described in sections III-A, B, and C above. If you authorize us to use your PHI, you can later remove the authorization and stop any future use of your PHI. You can remove an authorization by written request to the Office Manager, Partners in Obstetrics and Gynecology, 333 School Street, Pawtucket, RI 02860.

IV. YOUR RIGHTS REGARDING YOUR PHI.

A. Your Right to Request Limits on Our Use of PHI. You may ask that we limit how we use and share your PHI. We will consider your request but are not legally required to agree to it. If we agree to your request, we will follow your limits, except in emergency situations. You cannot limit the uses and reports that we are legally required or allowed to make.

B. Your Right to Choose How We Send PHI to You. You may ask that we send information to you at a different address (for example, to your work address rather than your home address) or by different means (for example, by fax instead of regular mail). We will agree to your request, as long as we can easily provide it in the way you requested.

C. Your Right to View and Get a Copy of PHI. You may view or obtain a copy of your PHI (except for mental health notes.) Your request must be in writing. If we do not have your PHI, but know who does, we will tell you how to get it. We will reply to you within 30 days of your request. If we deny your request, we will tell you, in writing, our reasons for the denial. You will then have the right to have the denial reviewed.

If you request a copy of your PHI, we may charge a

E. Your Right to Correct or Update Your PHI. If you feel that there is a mistake in your PHI, or that important information is missing, you may request a correction. Your request must be in writing and include a reason for the request. Your request must be made to the, Office Manager, Partners in Obstetrics and Gynecology, 333 School Street, Pawtucket, RI 02860.

We will respond within 60 days of your request. We may deny your request if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be shared with you, or (iv) not in our records. If we deny your request, we will inform you of the reason for the denial. You may then file a written statement of disagreement, or you may ask that your original request and our denial be attached to all future reports of your PHI.

If we agree to honor your request, we will change your PHI, inform you of the change, and tell any others that need to know about the change to your PHI.

F. Your Right to a Paper Copy of This Notice. You can ask us for a copy of this notice at any time.

V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice, wish to file a complaint about our privacy practices, feel that we may have violated your privacy rights, or disagree with a decision we made about access to your PHI, please contact our Privacy Officer at Partners in Obstetrics and Gynecology, Inc. 333 School Street, Pawtucket, RI 02860.

PHI you requested, we may offer to give you a summary or explanation of the PHI, as long as you agree to that and to the cost in advance. This fee is subject to change.

D. Your Right to a List of the Reports We Have Made. You have the right to get a list of the parties to whom we have reported your PHI. The list will not include reports for treatment, payment, or health care operations; reports you have previously authorized; reports made directly to you or to your family; reports from our facility directory; reports made for national security purposes; reports to corrections or law enforcement personnel; or reports made before April 14, 2003.

We will respond to your request within 60 days. We will include the reports made in the last six years unless you request a shorter time. The list will include the date of each report, the identity of the person(s) receiving the report, the type of information reported, and the reason for the report.

We will not charge you for the list. If you make more than one request in the same year, however, we may charge you a fee for each additional request. For a list, you must make a request to the Office Manager, Partners in Obstetrics and Gynecology, 333 School Street, Pawtucket, RI 02860.

Secretary, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201. Your complaint will not alter or affect the care we provide to you.

VI. EFFECTIVE DATE OF THIS NOTICE

This notice is in effect as of April 14, 2003.

To Our Patients:

The goal of Partners in Obstetrics & Gynecology, Inc. has always been to provide the best care for our patients.

Within the last few years, health care reform has become a topic that both physicians and patients have to address.

In order to continue the excellent care given to our patients and maintain the efficiencies required to be successful in this new environment, we have formed an affiliation with another group of physicians, Broadway Ob/Gyn and Bahram Shah-Hosseini, MD. These doctors are people we have known for years, and for whom we have great respect.

This practice has a philosophy and practice pattern very similar to our own. We have set up an ongoing system of cross coverage for evenings and weekends. A physician from the above-mentioned practice might attend to our deliveries and hospital care. Please be assured that your medical record will be available to the physician managing your labor, delivery and care.

If you have any questions, please speak with one of our physicians.

Thank you,

Partners in Obstetrics & Gynecology, Inc.

In order for us to establish proper treatment for you, we need your medical records.

Please contact your current obstetrics & gynecology physician you are transferring from. They need proper authorization to have your medical records sent to us.

Please request these records as soon as possible so that our physician can receive and review them before your scheduled appointment date.

Have your records sent to:

Partners in Obstetrics & Gynecology, Inc.
Attn: Medical Records Department
333 School Street, suite 205
Pawtucket, RI 02860

Thank you in advance for your cooperation.

We look forward to meeting you.

Sincerely,

The Physicians and Staff of Partners in Obstetrics & Gynecology, Inc.

Partners in Obstetrics & Gynecology, Inc.

Tawfik F. Hawwa, M.D. Cynthia M. Hanna, M.D. Lisa R. Domagalski, M.D.

Tolga N. Kokturk, M.D. Stacey P. Lievense, M.D. Karen Iannucci, RNP

333 School Street, Pawtucket, RI 02860
1525 Wampanoag Trail, East Providence, RI 02915
1050 Main Street, East Greenwich, RI 02818
2168 Diamond Hill Rd., Woonsocket, RI 02895

401-724-0600 fax 401-724-1147

The Doctor's and staff of Partners in Obstetrics & Gynecology would like to welcome you to our practice.
We look forward to providing you quality care and will do our best to make your visit positive and successful. Our office hours are Monday thru Friday from 9 to 5, closed on Holidays. Appointments are scheduled by physician's availability.

State of the Art On-site testing

- Doctors on call 24/7 • Lab Work • Non-Stress Testing • Fetal Surveillance • Ultra Sound
- Complete Pre & Post-Natal Screening • Compassionate Postpartum Treatment
- Normal & High Risk Pregnancies • The latest in Surgical, Laser & Laparoscopic Procedures
- Non-Surgical Treatment of Gynecological Disorders • Family Planning

Release of Medical Records- For your protection, we allow for the release of medical records only with your written consent. Simply contact our office and we will be happy to provide you with the necessary forms to initiate your request.

Medical Reports - Most medical reports regarding your appointment are usually completed within 14 days of your visit; a copy will be forwarded to your primary care physician at your request. Pap smear results usually take 4-6 weeks.

Prescription Refills - Prescription refills should be called in Monday thru Friday between 9am and 4pm.

Fees: Returned Check (NSF) $25.00, Completion of forms $5.00, Record Copies $15.00 and up

Missed Appointments - You share in the responsibility of your medical care and are obligated to keep your scheduled appointments. If you are unable to keep your appointment, we require 24 hours notice. If you miss your scheduled appointment, you will be charged $50.00. Patients who are more than 15 minutes late may have to reschedule.

Insurance Cards - Please be sure to bring your insurance card(s) and a Picture ID with you to your appointment. If your insurance requires a referral, please be sure to bring it with you or have them fax it to us. If you have had blood work, mammograms, or any other testing done, please have your doctor forward copies to us prior to your appointment or bring them with you.

Financial Responsibility - You are responsible for all financial aspects of your medical care. Co-pays are required at time of visit. A service charge of $5.00 will be applied if payment is not made. We accept all major credit cards.

Emergencies - If you have an emergency during office hours, please call us. If you have an emergency after hours, our answering service will contact the physician on call. If necessary, call 911 or go to the nearest emergency room.