



REGENCY HEALING MEDICAL CLINIC

Healing And Preserving Our Community

WELCOME LETTER

Welcome to my practice, I am honored that you chose me to be your physician. I am committed to providing you with best care I can. My hope is that we will form a partnership to keep you as healthy as possible, no matter your current state of health. I will share my medical expertise with you and hope you will take responsibility for working toward the healthy lifestyle that is so important to your well-being. Few people have completely healthy lifestyles, but we all should strive towards becoming healthier by making better choices every day. Here are some important steps you can take toward better health.

- Do not smoke cigarettes or use other tobacco products.
- Drink alcohol in moderation, if at all, and never drive when you have been drinking.
- Eat a diet low in fat and high in vegetables and fruits and watch your calories
- If you are overweight or obese, this is a significant risk factor for many chronic diseases and adverse health events. Please ask about our **Weight Loss Program**.
- Exercise at least three times a week; daily exercise is recommended if you need to lose weight.
- Support your body and health by taking daily supplements that your body requires for optimal function. Please ask about our **Wellness/Health Maintenance Program**.
- Wear your seat belt whenever you are in a car.
- Learn about ways to deal with stress and tension.
- Discover what spirituality means to you and practice it.
- Maintain ties with your family, neighbors, co-workers or your religious community.

It will give me great pleasure to work with you on these goals, either through my own expertise, through reading materials I may provide to you, or by referral to other health care professionals. I can serve you in various capacities; either by becoming your **Primary Care Physician** or through our **Wellness Program/Health Maintenance Program** and if weight loss is your goal, we have **Weight Loss Program**. Please ask our front desk about any of these programs or call **817-453-2323**. I look forward to working with you either as your Family Physician or whichever of our programs you may be interested in. Please contact our office with any question or concerns at **817-453-2323**.

It is my hope that we can have a relationship where the line of communication is open and goes both ways. I will listen to you and try to understand your point of view and it is my hope that you would do the same. Let's work together to help you live a healthier life that you deserve. Our goal is to heal and preserve the community we serve which includes you. Thank you.

Sincerely

Christie Egbuchunam, MD, MPH



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For New Patients

Please arrive at least 30 minutes before your appointment, allowing ample time for traffic and parking. You will need this time to complete and sign any forms, and time for our staff to make the necessary copies of your insurance information.

Please make sure you have your **current** insurance card and photo ID when you arrive for your appointment.

For Established Patients

Each time you visit the office, please make sure that we have the **most current** insurance information and demographic information (address, phone numbers, etc.)

Please arrive 15 minutes before your appointment, allowing ample time for traffic and parking. If you are more than 15 minutes late for your appointment, you will have to be rescheduled.

Prescriptions will no longer be called into the pharmacy. If you need a refill, you need to contact the pharmacy and have them send us a refill request. The physician will not fill any prescriptions if you did not keep your last appointment or if it has been more than six (6) months since you were last seen by the physician.

Patient Name:

Date:

Signature:

Date:

Witness Signature:

Date:



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305 Regency Parkway, Suite 509
Mansfield, TX. 76063
P: 817 – 453 – 2323
F: 817 – 453 – 2322
Email: regencyhealing@yahoo.com

Nutrametrix Consent for Nutritional Supplements

To My Patient:

I have suggested you use, as a part of my treatment program, one or more nutritional supplements. My suggestion is based on my belief that your health will benefit from your use of them. I want you to know that I am a distributor of the products because of my belief in their integrity and effectiveness. Please ask to speak with me if you have any concern about my suggestion in light of this information.

- I have read and understood the above statements.
- I certify that I am purchasing the supplements for my own personal use, out of my own free will, without threat or coercion from Regency Healing Medical Clinic or Dr. Egbuchunam.
- I am aware that the products I am purchasing are nutritional/dietary supplements, and as such, are not prescription medications intended to diagnose, treat, cure or prevent any disease.
- I certify that I will personally discuss with my primary care physician any concerns I have with taking any of these products.
- I am aware that Medicare or any other Health Insurance Company does not pay for nutritional/dietary supplements and that I am financially responsible for purchasing these products.



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P: 817 – 453 – 2323
F: 817 – 453 – 2322
Email: regencyhealing@yahoo.com

Patient's Signature

Date: _____



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Acknowledgement of Notice of Privacy Practices

I have been presented with a copy of the Notice of Privacy Practices for the office of Christie Egbuchunam, M.D., detailing how my information may be used and disclosed as permitted under federal and state law.

Signed:

Date:

If not signed by patient, please indicate relationship to patient (e.g., mother) and patient's name.

Patient:

Relationship:



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NOTICE OF PRIVACY PRACTICES

Notice of Patients' Privacy Rights

The notice of privacy practices is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how health information about you or your legal dependent (as a patient of this practice) may be used and disclosed, and how you can access to your individually identifiable health information.

Please Review This Notice Carefully

1. Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Patient's Privacy Rights ("Notice") that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI;
- Your privacy rights in your PHI; and
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

2. If you have questions about this notice, please contact:

The Privacy and Security Officer at: **817-453-2323** or by e-mail **info @ regencyhealingmedclinic.com**

3. The different ways in which we may use and disclose you're PHI:

The following categories describe the different ways in which we may use and disclose your PHI:

Treatment. Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice — including, but not limited to, our doctors and nurses — may use or disclose your

PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may also disclose your PHI to other healthcare providers for purposes related to your treatment.

Payment. Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such service costs, such as family members. Also, we may use your PHI to bill you directly for service and items. We may disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts.

Healthcare Operations. Our practice may use and disclose your PHI to operate our business. As examples of the way in which we may use and disclose your information for operations, our practice may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other healthcare providers and entities to assist in their healthcare operations.

Appointment Reminders. Our practice may use and disclose your PHI to contact you and remind you of an appointment.

Treatment Options. Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

Health-Related Benefits and Services. Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

Release of Information to Family/Friends. Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatricians' office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

Disclosures Required by Law. Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

4. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which we may use or disclose your PHI:

Public Health Risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths;
- Reporting child abuse or neglect;
- Notifying a person regarding potential exposure to a communicable disease;
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition;
- Reporting reactions to drugs or problems with products or devices;
- Notifying individuals if a product or device they may be using has been recalled;
- Notifying appropriate governmental agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to

disclose this information; or

- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health Oversight Activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the healthcare system in general.

Lawsuits and Similar Proceedings. Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
- Concerning a death we believe has resulted from criminal conduct;
- Regarding criminal conduct at our offices;
- In response to a warrant, summons, court order, subpoena, or similar legal process;
- To identify/locate a suspect, material witness, fugitive, or missing person; and
- In an emergency, to report a crime (including the location or victim[s] of the crime, or the description, identity, or location of the perpetrator).

Deceased Patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

Organ and Tissue Donation. Our practice may release your PHI to organizations that handle organ, eye, or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain written authorization to use your PHI for research purposes except when the Practice's Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following:

- (i) The use or disclosure involves no more than a minimal risk to your privacy based on the following:
 - a. An adequate plan to protect the identifiers from improper use and disclosure;
 - b. An adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and
 - c. Adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would

otherwise be permitted.

(ii) The research could not practicably be conducted without the waiver.

(iii) The research could not practicably be conducted without access to and use of the PHI.

Serious Threats to Health or Safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations.

Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (1) for the institution to provide healthcare services to you; (2) for the safety and security of the institution; and/or (3) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation. Our practice may release your PHI for workers' compensation and similar programs.

5. Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

Confidential Communication. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the Privacy and Security Officer at: **Regency Healing Medical Clinic** specifying the requested method of contact and/or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to **Regency Healing Medical Clinic**. Your request must describe in a clear and concise fashion:

- The information you wish restricted;
- Whether you are requesting to limit our practice's use, disclosure, or both; and
- To whom you want the limits to apply.

Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not

including psychotherapy notes. You must submit your request in writing to: **Regency Healing Medical Clinic** in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to: **Regency Healing Medical Clinic**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion (1) accurate and correct; (2) not part of the PHI kept by or for the practice; (3) not part of the PHI that you would be permitted to inspect and copy; or (4) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI. To obtain an accounting of disclosures, you must submit your request in writing to: **Regency Healing Medical Clinic**. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of other costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact: www.regencyhealingmedclinic.com

Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact: **817-453-2323** or by e-mail info@regencyhealingmedclinic.com. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care. If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy and Security Officer **817-453-2323** or by e-mail info@regencyhealingmedclinic.com.