

Dear Patient,

Welcome. Thank you for contacting Pacific Frontier Medical, Inc. We look forward to helping you along your path toward wellness. For your reference, the following summarizes our updated office policies, services and fee schedules. Please do not hesitate to contact our reception with any questions.

## **PRACTICE GUIDELINES**

### **Understanding the Current Political Arena**

Lyme disease and associated diseases are a complex and puzzling problem that scientists, practitioners and patients are only beginning to understand. Tremendous controversy surrounds the diagnosis and treatment of chronic Lyme disease. For example, many physicians and health agencies deny even the existence of an entity called "chronic Lyme" and disagree with the practice of long-term antibiotic use. In contrast many physicians conclude from scientific studies and diagnostic tests that the presence of the bacteria Bb is consistent with symptoms of "chronic Lyme" and therefore, does exist. Secondly, physicians from both sides of the argument have drawn conflicting conclusions from a recent peer reviewed study that addresses the question of whether or not the use of long-term antibiotics alleviates "chronic Lyme" symptoms.

This environment has driven physicians into offering one of two standards of care:

- (1) Some physicians rely on the narrow surveillance case criteria of the CDC for clinical diagnosis even though the CDC cautions against this approach. These physicians will fail to diagnose some patients who actually have Lyme disease. As a result, many patients go undiagnosed or misdiagnosed as having autoimmune diseases, fibromyalgia, MS, ALS, chronic fatigue syndrome, depression, anxiety, etc., or patients may find that their doctor relies upon biased or misinterpreted information and/or avoids treatment that we have found successful with our patients.
- (2) Other physicians use broader clinical criteria for diagnosing Lyme disease rather than the CDC criteria along with diagnostic tests that detect the presence of Lyme specific antibodies or DNA. These physicians understand that infected tick populations have expanded beyond traditional borders. While diagnostic certainty is being debated in the medical community, some physicians believe it is better to err on the side of treatment because of the serious consequences of failing to treat active Lyme disease. These physicians sometime use the clinical responsiveness of a patient to a specific treatment to assist in their diagnosis. It is also true, however, that fibromyalgia, lupus, rheumatoid arthritis, etc., often exist alone, without any relation to Lyme disease, Babesiosis, Ehrlichiosis or Bartonellosis. In these cases, a rheumatologist or neurologist may be best suited to manage a patient's care.

This office will make every attempt to distinguish between Lyme disease and other conditions through scientific and complementary methods. We will inform you when we believe your symptoms are not Lyme-related. A proportion of patients who come to our practice indeed do not have Lyme disease and we do not recommend they undergo treatment for Lyme.

## **Diagnostic Practices and Tools**

Lyme is a clinical diagnosis. We will utilize a combination of patients symptoms (current and historical), clinical response to various medicines, and lab tests to guide us in our diagnosis. Diagnosis is more than just concluding whether or not you have Lyme or another Tick-Borne disease. It also includes understanding the current state and severity of the disease and confounding problems such as gut dysbiosis, viral loads, hormonal dysregulation, toxic exposure and hypersensitivities among other issues.

## **Patient Expectations and Guidelines for Treatment**

### ***What patients should expect during the course of treatment:***

#### Duration of the disease battle:

Lyme disease treatment cannot be proscribed a rigid time frame. In general, the more time that has elapsed from infection to treatment, the longer the patient will require treatment. Please see the website [www.ILADS.org](http://www.ILADS.org) for further information.

#### Side affects, worsening symptoms:

Many people will have a flare-up of symptoms when beginning treatment. This reaction, referred to as the Jarisch-Herxheimer (Herx), is quite common and can last several days. We will be careful to discriminate between side effects of medications, treatment failure and symptoms of a Herx reaction.

#### Types of Lyme treatment:

These include oral antibiotics and supportive medicines, intramuscular shots and intravenous injections. Herbal supplements, homeopathic and drainage remedies and other modalities are often employed depending upon the situation. There are advantages and disadvantages to each of the various types of treatment. These will be discussed during your office visit if they apply to you.

### ***What we expect from patients:***

Patients must play a large role in their own fight against Lyme disease. The following is short list of expectations we have for all patients within the practice:

- We strongly recommend muscle toning exercise at least 2 days per week, 20 minutes per day, as it is an important component in combating Lyme disease. Even if pain prevents a rigorous workout, you must try to do something. However, aerobic exercise is potentially dangerous for Lyme patients. Please discuss with the practitioner any current or planned aerobic activity. Initially, one day of rest between workouts is mandatory.
- Patients who smoke must agree to quit smoking or remain actively involved in a smoking cessation program.

- Some nutritional supplements are an integral component in the treatment, and therapies such as acidophilus are essential while you are taking antibiotics. Patients must do their part in protecting themselves against the harmful side-effects of long-term antibiotics.
- Payment (in full) is required at the time of the appointment. If you cannot pay in full-arrangements must be made with the practice manager ahead of time. Patients who continually fail to make timely payments may be removed from the practice.
- Alcohol is detrimental to patients with Lyme and interacts with many medications. Alcohol usage should be limited.
- Please discuss with the practice any plans for dental work, surgeries or steroid use. Your treatment may be affected.
- We are unsure of the extent that the disease may be horizontally or vertically transmitted. In general, we do not recommend treatment for partners prophylactically.

***What you need to know about our practice:***

We will make every attempt to respond to your calls and faxes in a timely manner. We understand that it can be frustrating waiting for a response but please be assured we will get back to you as soon as possible. Please limit the use of the practitioners' cell phone when and if you experience one of the following urgent events:

- An allergic reaction that could be caused by your medicine.
- A medical emergency that may require you to be hospitalized.
- A severe neurological incident such as a stroke.
- Severe diarrhea that goes unresolved after following the practitioner's advise.
- A picc line emergency such as clotting or infection.
- The practitioner specifically asks you to call the cell phone.

If you experience any of these urgent events, call the practitioner directly on the cell line. The number is 310-907-6614. ALWAYS CALL 911 FIRST OR GO TO THE NEAREST HOSPITAL IF YOU EXPERIENCE A LIFE THREATENING MEDICAL EMERGENCY. Our office can later be contacted regarding the details of your status.

The reception office is not always able to answer every received call due to the high volume of calls that the office receives on a daily basis. We do however have a reliable voice mail system and we retrieve messages throughout the day. PLEASE NOTE THAT LEAVING MULTIPLE MESSAGES ABOUT THE SAME QUESTION/REQUEST ONLY SLOWS DOWN THE PROCESS OF GETTING A REPLY BACK TO YOU.

We also know from experience that we are better able to reply quickly when patients leave short and clear messages containing the following information:

- A brief summary of the issue/problem
- A brief summary of what you need our office to do
- A clear statement of you first and last name – please spell both.
- A clear statement of your call back number

Please help us improve our turn-around time by using this guideline when you call our office. Please always leave a call back phone number even if you think we already have it. We also appreciate it if complicated questions are faxed to us rather than leaving a voicemail.

Threats, aggressive behavior or other forms of “Lyme rage” against a practitioner, staff or other patients will not be tolerated. Anyone displaying this behavior will receive a written warning and subsequent offenses will result in removal from the practice. We take this very seriously.

The practice does not prescribe Schedule II narcotics such as Morphine, Oxycontin, Ritalin, etc. Prescriptions for other scheduled medicines will require an office visit. This includes certain pain medicines, muscle relaxants and sleep aids.

Prior to your office visit, we find it helpful if you begin to gather as much information as possible regarding your illness and past medical history. Please put together a chronological diary beginning from the time you first became ill to the present. List in order, the onset of symptoms, tests completed (blood tests, scans, e-rays, etc.) and in order, treatment received, including the name of the medications, dose and the dates or duration of therapy, plus any comments on how these treatments affected you. Please bring copies of your medical records with you. We cannot photocopy all of your original records. Please provide us with the names and phone numbers of all physicians who have seen you in the past and all physicians who are currently seeing you; both your primary care physician and the physician who is currently treating you for Lyme (if any).

## **Test Results**

When the practitioner orders lab tests, our office keeps track of the tests were ordered, each specific test that is ordered and the testing lab. Each lab and each test has a different turn-around time and our office has no way of accurately predicting when lab results will be submitted back to our offices. We understand that patients are often anxious to receive their results for a variety of reasons. Becoming familiar with our internal lab results processing is the best way to ensure that you understand our office’s capabilities. Our internal process is as follows:

- Patient leaves appointment with written orders for tests at one or more labs
- Patient has blood or other samples collected and mailed directly to the testing lab(s) or has the blood drawn in our office and sent to the appropriate lab
- Our office receives a faxed and/or mailed copy of the lab result from each separate lab and often for each separate test as the results become available
- The practitioners review all lab results and make notations if the results are abnormal
- Patients are contacted by phone if the results are out of normal range and that may require an immediate intervention.
- If patients require a copy of any given lab report, they must call/fax our office and specify the lab, test and the test date for the results they need. We strongly recommend you use a dedicated fax line for any faxes you want us to send you.

## **Antibiotic Doses and Side Effects**

The use of medicine in general and antibiotics in particular have several side-affects and can lead to possible complications. These include, but are not limited to, allergic reactions, stomach and intestinal disorders, antibiotic resistant bugs which can turn otherwise mild infections into catastrophic events, nausea, rashes, visual or hearing loss, drug interactions, liver and kidney damage, nerve damage, immune system dysfunction and yeast infections. If you are diagnosed

with Lyme and choose to receive antibiotic treatment, you are accepting and assuming the risk. Several techniques will be used to avoid these complications, but sometimes they are unexpected and unavoidable.

## **SERVICES & FEES**

### **Billings**

All fees are due at the time of the appointment (including follow-up appointments, phone calls and IV services) We accept Visa, MC, Discover, and personal checks. We do not bill insurance. **We do not accept Medicare.** (see Insurance) Patients are responsible for full payment at the time of the service. If you cannot make full payment, other payment arrangements must be made **prior to your appointment with our practice manager.** Patients must obtain approval from the practice manager for other payment arrangements. Please do not approach the practitioners directly regarding other payment arrangements. Phone our practice manager for more details. We do not bill Medicare and are not Medicare providers.

### **New Patient Visits**

Appointments are dedicated to assessing patient status with a thorough review of the patient history, current symptoms and lab tests. The objective of this visit is to establish or work toward a diagnosis, summarize treatment options and help the patient understand what is entailed regarding length of treatment and medications/side effects. The practitioners will work with each new patient to select the approach that balances both patient constraints and treatment effectiveness. Allow 1.5 hours for this appointment. (\$675.00 per patient)

### **Follow Up Visits**

Treatment of Tick-Borne diseases requires close monitoring of the disease response to specific medications. Appointments are designed to make assessments of patient progress and medication effectiveness. The practitioners may require a patient visit before any different medications can be prescribed. Allow 30 minutes for this appointment. (\$315.00 per patient)

### **Lab Reviews**

This appointment is specifically designed to enable an in-person discussion about your lab results, implications on the treatment plan, details on how to implement the plan and what can be expected while taking the various medications in the regime. (\$165.00 per patient)

### **Phone Consultations**

Many patients live long distance from our office, making frequent trips cost prohibitive. To help reduce costs, phone consultations will be available. Note, an office visit may still be required in order to change your medications. Fees are billed for the length of the call. (\$165.00 per 15 minutes and \$55.00 for every 5 minutes thereafter)

### **Blood Draws**

If any lab work is required, patients are free to get this done at any local blood draw center or at our office after their appointments. We charge \$35.00 to \$75.00 per blood draw for patients and \$50.00 to \$100.00 for non-patients depending on the complexity of the blood draw.

### **Antibiotic Injections**

When patient treatment includes antibiotics, patients may benefit from shots of Bicillin or Rocephin. The practitioners will make the determination during your visit whether or not this would be recommended for you at that time.

## **IV Services**

We provide our patients who require IV medications and supplements the opportunity to have the medications and supplements administered at our office. The practitioners will make the determination during your visit whether or not this would be recommended for you. We also provide dressing changes for patients who have PICC lines. Fees vary for the IV services.

## **Prescriptions and Refills**

Refills will only be granted when there are extenuating circumstances. Patients will be required to have either a phone consult or office visit at the end of each 4 to 6 week period at which time the treatment effectiveness will be assessed and a new prescription will be written if continued treatment is necessary. If no appointments are available, you may be given a partial new prescription until your next appointment. In the case where a refill has been granted, we will call your pharmacy with the refill information. Please allow 72 hours for processing the refills. Plan ahead—requesting refills after you are out of the medication should be avoided. Do not call the emergency line for refill request. We will not respond to patient phone calls regarding refill requests. If your medication is not covered by insurance and there are no acceptable substitutes, the practitioners will call or fax prior authorization **only once** at no charge. If any further appeals are necessary, there will be a minimum charge of \$50.00 for the processing of the paperwork and for the practitioner's time interfacing with your insurance company.

## **Disability Benefit Applications**

These are generally not completed by our office. Your primary care doctor should assist in the completion of these forms. Only in rare and extenuating circumstances will our office complete these forms. A minimum fee of \$15.00 will apply (may be more depending on size of chart)

## **Updated Fee Schedules:**

New Patient Consultation- \$675.00 (includes a \$175.00 deposit)

Follow-up Appointment- \$350.00 effective 5/1/13

Missed Follow-up Appointment- \$100.00

Phone Consultation- \$165.00 per 15 minutes plus \$55.00 for every 5 minutes thereafter

IV Services- administration fees vary by procedure plus cost of medications/supplements

## **OFFICE POLICIES**

### **New Patients**

New patients will need a first follow-up appointment within 6 weeks if medication is prescribed. The first weeks of treatment are often the most difficult and unsettling. Many symptoms change rapidly, often necessitating an exam and detailed explanations.

### **Scheduling Appointments**

Patient visits and phone consultations are by appointment only. Please contact our reception to schedule all appointments including IV services. Do not call the emergency line for scheduling issues.

### **Insurance**

Due to the limited resources of this office, we are not able to bill insurance directly for the appointment fees. However, we will provide patients with a super bill during the visit so you can bill your insurance provider directly. **We are not a Medicare provider and we do not bill Medicare.**

### **Cancellation Policy**

Our office hours book up quickly and we often have to turn away sick patients due to a heavy schedule. Please be considerate of other patients and contact us in advance should you need to cancel your appointment. **New patient appointment cancellations must be received by our office reception 1 week before the date of your appointment or a \$175.00 fee will apply. Follow-up appointment cancellations must be received by our reception 48 hours before the date of your appointment or a \$100.00 fee will apply.** Cancellations must be phone into our main reception number.

### **Primary Care Physician Requirement**

All patients are required to have a primary care physician to manage all non-tick-borne related conditions.

### **LABORATORIES**

New patients who have not recently been tested for Tick-Borne disease may be asked to have several tests completed after their first appointment. The labs frequently utilized are:

#### **IGenex, Inc.**

795/797 San Antonio Road  
Palo Alto, CA 94303  
T: 800-832-3200  
F: 6550-424-1196  
[www.igenex.com](http://www.igenex.com)

IGenex accepts checks, credit cards and bills Medicare.

Special Note: **IGenex, Inc. is an affiliated entity where Dr. Harris holds the position of "Clinical Consultant".**

#### **MDL**

2439 Kuser Road  
Hamilton, NJ 08690-3303  
T: 609-570-1000  
F: 609-570-1050  
[www.mdlab.com](http://www.mdlab.com)

MDL accepts checks, credit cards and bills insurance.

**After your appointment, the practitioner will decide which, if any tests are most appropriate for you. At that time, the practitioner will give an instruction sheet for each lab and test that is ordered.**

### **GUIDELINES ON OFFICE VISITS AND REFILLS**

Effective March 1, 2009, new guidelines are in place regarding office visits and prescription refills. In order to closely monitor patient progress, prescriptions will no longer be written for more than a 4 to 6 week supply. As appointments are now required every 4 to 6 weeks, patients will be responsible for booking their appointments and phone consultations to ensure they do not run out of medication.

### **NOTICE OF PRIVACY PRACTICES**

Effective April 14, 2003 we are required to post an updated copy of our notice of privacy practices. A copy is enclosed with this packet.

### **ELECTRONIC DEVICES AND CELL PHONES:**

Cell phones must be silenced during your time at the practice. If you must make a call or receive one, please remove yourself from the waiting room or IV lounge and go outside on the balcony.

For your convenience we do provide Wi-Fi coverage in the office. If you want to listen to your device, we ask that you use headphones as to not disturb other patients.

### **LETTERS AND CORRESPONDENCE:**

Occasionally we are asked to copy charts to send to other physicians, insurance companies, etc. or we are asked to write letters on behalf of patients. We will comply with these requests on a timely basis. We charge a **minimum** fee of \$15.00 for copying charts and completing paperwork. Charges will vary depending on the size of the chart and the complexity of the correspondence requested.





PACIFIC FRONTIER  
M E D I C A L

Please initial the following Practice Policies as a sign of your understanding of each policy.

1. Patients being treated with antibiotics **must be seen every 4 to 12 weeks during treatment as recommended by the practitioner**. Patients who live 6 or more hours away from the practice may have a Phone Consultation between follow-up visits to obtain their prescription renewals.  
\_\_\_\_\_ (initial)
2. Prescription renewals (other than antibiotics) can only be filled if the patient has had a follow up appointment or phone consultation within the past 3-6 months, as recommended by the practitioner. We will require a patient to have a follow-up appointment or phone consultation to receive a prescription renewal if the patient has not been seen within the past 3-6 months.  
\_\_\_\_\_ (initial)
3. Payment is due at the time of service. If you cannot make full payment; other arrangements must be made with our Practice Manager prior to the appointment or service. We do not bill insurance and we are not a Medicare provider.  
\_\_\_\_\_ (initial)
4. Supplements purchased from our office **cannot** be returned after they leave the office since we cannot monitor any environmental exposure they may encounter.  
\_\_\_\_\_ (initial)
5. The emergency phone line is for emergencies **only**.
  - Do not call the emergency line during office hours. Please call the nurses line (option 2) for service since the practitioners are seeing other patients.  
\_\_\_\_\_ (initial)
  - The emergency line is available after hours and on weekends for true emergencies. Abusing the emergency line with non-emergency calls will result in the privilege being suspended.  
\_\_\_\_\_ (initial)
6. Current patients who fail to call and cancel an appointment 48 hours prior to the appointment will be assessed a late payment fee. New patients must cancel or change their appointment 7 business days prior to their appointment in order to receive a refund of their deposit.  
\_\_\_\_\_ (initial)
7. For the safety of our staff and other patients, we will not tolerate threatening and/or aggressive behavior or sexual advances. Anyone exhibiting this type of behavior(s) will be immediately dismissed from the practice.  
\_\_\_\_\_ (initial)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



*The patient or guardian acknowledge receipt of all 8 pages of this attached document that details office policies of Pacific Frontier Medical, Inc. last revised January 24, 2012. By signing, the patient and all patient guardians are agreeing to the "patient expectations" listed and acknowledge being informed of treatment and practice expectations, guidelines, cancellation policies, antibiotic side-affects, posted privacy practices and conditions that would cause patient removal from the practice.*

*By signing, the patient and all patient guardians are confirming their receipt of knowledge that Dr. Steven Harris is an employee of IGenex, Inc. and acknowledge receipt of the resume of Steven Harris, MD.*

Print Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_

**\*\*\*If patient is a minor, all legal guardians must sign below**

Print Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Pacific Frontier Medical**  
**IV Lounge Procedures**

As the IV Lounge continues to grow and evolve, it has become necessary to formalize processes and procedures to ensure patient safety and privacy. Please read and sign this document.

- For patient safety, you must have an appointment to be seen in the IV Lounge. Walk-ins can no longer be accommodated unless it is an emergency. Please call the appointment line or visit Kathy directly.
- We will make every effort to keep to the appointment schedule but please understand that treatment can be complicated and some patients may require more time than others.
- Many patients have light and sound sensitivities. Please silence all cell phones and electronic devices. If you must make a call or receive a call, please go outside on the balcony so you do not disturb other patients in the room.
- Please do not bring aromatic food into the lounge. Many patients have food allergies, difficulty with smells and/or have food restrictions. Food can be consumed at the table in the IV lounge lobby.
- Visitors accompanying patients are welcome but please make sure that the IV chairs are available for the patients. Visitors must also follow the IV Lounge procedures--- failure to do so will result in loss of visiting privileges.
- Please refrain from using colorful language and/or discussing sensitive topics such as religion and politics.
- If you would prefer to be treated in a room away from other patients, please let us know and we will make every effort to accommodate you.
- Payment is due at the time of the service unless other arrangements have been made with the Practice Manager- Carolyn Degnan.

I have read the IV Lounge procedures and understand them.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_



## Lyme Disease Questionnaire

Name: \_\_\_\_\_ date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: (mm-dd-yy) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: F M

SS#: \_\_\_\_\_ email address: \_\_\_\_\_

Phone: Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact's Phone: \_\_\_\_\_

Patient's Occupation: \_\_\_\_\_

If Disabled; Previous Occupation: \_\_\_\_\_

States Previously Visited: \_\_\_\_\_

Areas Travelled to Outside of the United States: \_\_\_\_\_

\_\_\_\_\_

Referring Physician: \_\_\_\_\_

Referring Physician's Phone: \_\_\_\_\_

Doctors Who Have Treated You for Lyme in the Past (if applicable)—please include Naturopaths, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please answer the following questions:**

Present well being:

Poor      below average      average      fairly good      good

Overall how do you feel today? \_\_\_\_\_

Have you been diagnosed with Lyme disease? Yes No

If yes, by whom? \_\_\_\_\_

Most prominent symptoms: \_\_\_\_\_

\_\_\_\_\_

Are you on Antibiotics now? Yes No

If yes, list all medications, dosage and duration: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List previous antibiotics, dosage and duration: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List other medications, dosage and duration presently taking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you pregnant? Yes No      If yes, how many months? \_\_\_\_\_

Have you had problems with previous pregnancies? Yes No

If yes, please explain: \_\_\_\_\_

Are you taking a contraceptive? Yes No

Do you smoke? Yes No      If yes, how long? \_\_\_\_\_      Quantity: \_\_\_\_\_

Do you exercise? Yes No If yes, type \_\_\_\_\_

Do you eat healthy? Yes No

Do you take supplements? Yes No If yes, what do you take? \_\_\_\_\_

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Outdoor activities? \_\_\_\_\_

Do you have pets? Yes No If yes, type? \_\_\_\_\_

How long? \_\_\_\_\_ Are they sick? Yes No

If yes, please explain: \_\_\_\_\_

## History of Tick Bite(s)

Do you remember getting a tick bite? Yes No

Date of bite? \_\_\_\_\_ State where bitten? \_\_\_\_\_

Was the tick attached to your body when found? Yes No

How long before it was removed? \_\_\_\_\_

Was the tick identified? Yes No If yes, type of tick? \_\_\_\_\_

Symptoms after the tick bite: \_\_\_\_\_

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Generalized date of onset of symptoms? \_\_\_\_\_

## Dermatological

Was there a rash at the bite site? Yes No

If yes, describe the rash: \_\_\_\_\_

How long after the bite did the rash occur? \_\_\_\_\_

Duration of rash? \_\_\_\_\_

Was there a "Bullseye" lesion? Yes No Duration? \_\_\_\_\_

## Have you been diagnosed with any of the following?

*Please circle all that pertains to you:*

ALS	Encephalitis
Alzheimer's Disease	Fibromyalgia
Anemia	Iritis
Asthma	Menengitis
Autism	Multiple Sclerosis
Bakers Cysts (behind knee)	Polymyalgia Rheumatica
Bell's Palsy	Prostatitis
Bursitis (where? _____)	Psoriasis/eczema
Carpel Tunnel Syndrome	Stroke Permanent Temporary
Depression	Tendonitis
Diabetes	TMJ
PANDAS	

## Special Children's Questions:

Decreased interest in playing? Yes No

Poor school performance? Yes No

When did he/she start whimpering or whining? \_\_\_\_\_

## Clinical Signs and Symptoms:

*Please circle all that pertains to you:*

### General

Fatigue  
Fevers- high low  
Flu-like symptoms  
Loss of voice/hoarseness  
Loss of appetite  
Hair loss  
Sore throats

### Heart and Lung

Abnormal echocardiogram  
Chest pain tightness  
EKG abnormalities  
Heart attack  
Heart palpitations  
Skipped heart beats  
Increased blood pressure

Night sweats  
Unexplained chills  
Unexplained weight change  
Other \_\_\_\_\_

Mitral valve prolapse  
Shortness of breath  
Cough Dry Productive  
Other \_\_\_\_\_

## Eye & Ear

Blind spots  
Blurred vision  
Conjunctivitis  
Diminished peripheral vision  
Double vision: horizontal vertical  
Drooping eyelids  
Flashing lights  
Floaters  
Lazy eye  
Light sensitivity  
Optic atrophy  
Pressure behind the eyes  
Retinal damage  
Uveitis (inflammation of eye)  
Vision loss/blindness  
Ringing in the ears  
Hearing loss/deafness one ear both ears  
Other \_\_\_\_\_

## Musculoskeletal

Muscle pain aching  
Muscle cramps stiffness  
Loss of muscle tone  
Jaw pain stiffness  
Back pain stiffness  
Neck pain  
Joint pain stiffness  
Hand pain swelling  
Elbow pain swelling  
Shoulder pain swelling  
Hip(s) pain swelling  
Knee pain swelling  
Feet/ankle pain swelling  
Leg aches  
Other \_\_\_\_\_

## Neurological

Abnormal EEG  
Anxiety attacks  
Burning sensation external internal  
Change in: smell taste  
Confusion  
Decreased concentration  
Dementia  
Depression  
Difficulty: chewing swallowing  
Dizziness Fainting  
Fatigue  
Hallucinations  
Headache: mild severe  
Involuntary jerking  
Irritability  
Memory Problems  
Meningitis  
Mood swings  
Motion sickness  
Muscle twitching  
Nightmares

## Gastrointestinal and Urinary

Abdominal pain  
Constipation  
Diarrhea  
Diverticulosis  
Irritable bladder  
Liver enlargement  
Nausea  
Spleen enlargement  
Tenderness in abdomen  
Urinary frequency retention  
Vomiting  
Other: \_\_\_\_\_

## Reproductive

Breast: infections discharge from breasts  
Loss of libido (sex drive/decreased activity)  
Menstrual irregularities \_\_\_\_\_  
Worsening symptoms around menstruation  
Pelvic pain



Numbness (where? \_\_\_\_\_)  
 Obsessive/compulsive behavior  
 Panic Attacks  
 Paranoia  
 Partial paralysis (where? \_\_\_\_\_)  
 Personality change  
 Poor balance or difficulty walking  
 Seizures  
 Sleep disturbances: falling asleep waking frequently  
 Suicidal  
 Tearfulness  
 Tingling (where? \_\_\_\_\_)  
 Tremors or shaking  
 Weakness of limbs  
 Unusual clumsiness  
 Other: \_\_\_\_\_

PMS  
 Other: \_\_\_\_\_

**Abnormal Lab Results** (Circle all that apply and document date and lab)

	Date	Lab
Positive Lyme ELISA	_____	_____
Positive Lyme Western Blot		
IgG	_____	_____
IgM	_____	_____
Positive Lyme PCR	_____	_____
Positive Lyme Culture	_____	_____
Positive LDA	_____	_____
Other Positive Lyme test(s)		
_____	_____	_____
_____	_____	_____
Positive Babesia test	_____	_____
Positive Ehrlichea test	_____	_____
Positive Bartonella test	_____	_____
Positive Mycoplasma	_____	_____
Elevated liver enzymes	_____	_____
Eosinophilia	_____	_____
Elevated ANA	_____	_____
Elevated SED Rate	_____	_____
Elevated cholesterol	_____	_____
Elevated Anticardiolipin	_____	_____
Elevated Rheumatoid Factor	_____	_____
VDRL (Syphillis)	_____	_____

List all other tests to substantiate diagnosis:

\_\_\_\_\_

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**Other information that would be pertinent to your symptoms or diagnosis:**



Pacific Frontier Medical, Inc.  
Patient Pharmacy Information

Date \_\_\_\_\_

**Patient Data**

Patient Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

**Pharmacy Information**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Insurance Information**

Company: \_\_\_\_\_

Pre-approval contact phone number: \_\_\_\_\_

Pre-approval fax number (if known): \_\_\_\_\_

Subscriber ID: \_\_\_\_\_

Pacific Frontier Medical, Inc.  
Patient Consent to Leave Messages

Date: \_\_\_\_\_

**Patient Information:**

Patient Name: \_\_\_\_\_  
Last name First name

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

Age: \_\_\_\_\_

I, \_\_\_\_\_ grant authorization for Dr. Steven Harris and the staff of Pacific Frontier Medical, Inc. to leave confidential medical information specifically as follows:

(items checked indicate my consent)

**All Medical Information:**

Phone \_\_\_\_\_ Answering Machine or Voice Mail \_\_\_\_\_ Fax \_\_\_\_\_

**Only Select Medical Information:**

A) Lab/Test Results

Phone \_\_\_\_\_ Answering Machine or Voice Mail \_\_\_\_\_ Fax \_\_\_\_\_

B) Chart Information

Phone \_\_\_\_\_ Answering Machine or Voice Mail \_\_\_\_\_ Fax \_\_\_\_\_

C) Medical Information

Phone \_\_\_\_\_ Answering Machine or Voice Mail \_\_\_\_\_ Fax \_\_\_\_\_

Please use the following number(s) to relay any messages:

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

By signing, the patient or the legal guardian is confirming that the above reflects their request of how our office communicates medical information regarding this patient.

Patient Signature: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_

Pacific Frontier Medical, Inc.  
Patient Consent to Release Medical Information

This form allows other medical providers to release your medical information to Pacific Frontier Medical, Inc. in the event you require us to have your historical medical information.

Patient Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Medical Record Number: \_\_\_\_\_

I HEREBY AUTHORIZE THE RELEASE OF ANY AND ALL MEDICAL RECORDS OBTAINED IN THE COURSE OF MY DIAGNOSIS AND TREATMENT INCLUDING SUMMARIES, LABORATORY AND DIAGNOSTIC STUDIES, MEDICATIONS AND IMMUNIZATIONS TO:

Pacific Frontier Medical, Inc.  
Dr. Steven J. Harris  
570 Price Avenue, Suite 200  
Redwood City, CA 94063  
Phone: (650) 474-2130  
Fax: (650) 474-2136

A COPY OF THIS RELEASE IS AS EFFECTIVE AS THE ORIGINAL

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Pacific Frontier Medical, Inc. Notice of Privacy Practices

Effective Date: April 14, 2003  
Required by Federal Regulation 45 CFR 164.520

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

## Our Pledge Regarding Your Health Information

We understand that information about you and your health is confidential. We are committed to protecting the privacy of this information. Each time you visit with the doctor(s) in person or via a phone consultation, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care created by any of our health care personnel or your physician. This notice describes your health care information privacy rights and the obligations Pacific Frontier Medical, Inc. has regarding how we may use and disclose your health information.

## Our Responsibilities

Federal and California law makes us responsible for safeguarding your personal health information. We must provide you with this notice of our privacy practices and follow the terms currently in effect.

**Changes to this notice:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have on file about you as well as any information we receive in the future. We will post a copy of the current notice throughout our organization. A copy of this notice will be available at the office location of your doctor visit.

## How We May Use and Disclose Health Information About You

The following categories describe different ways that we use your health information within the practice of Pacific Frontier Medical, Inc. We have not listed every use or disclosure within the categories below, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses disclosures that will require your specific authorization.

**Treatment:** Your health information may be used to provide or coordinate our medical treatment and services. We may disclose health information about to doctors, nurses, technicians, medical students, interns and other allied health personnel who are involved in providing for your well-being during your visit(s) with us. We also may communicate information to another health care provider for the purpose of coordinating your continuing care.

**Payment:** We may use and disclose your information for billing and to arrange for payment from you, an insurance company, a third party or a collection agency. This also may include the disclosure of health information to obtain authorization for treatment and procedures from your insurance plan.

**Health Care Operations:** Uses and disclosures of health information are necessary to operate our practice and to make sure all of our patients receive quality care. We may use and disclose relevant health information about you for health care operations. Examples include quality assurance credentials, administrative activities including Pacific Frontier Medical, Inc.'s practice and business planning and development, customer service activities including investigation of complaints, and certain marketing activities such as health education options for treatment and services.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples of business associates include accreditation agencies, management

consultants, quality assurance reviewers, and billing and collection services. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract or written agreement stating they will appropriately safeguard your health information.

**Appointment Reminders:** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care within our organization. These appointment reminders may be in the format of a phone message, a text message, a postcard or a letter.

### Special Situations That Do Not Require Your Authorization

California and Federal law permits the following disclosures of your health information without any verbal or written permission from you:

**Organ and Tissue Donation:** We may release health information to organizations that handle organ, eye or tissue procurement or transplantation.

**Research That Does Not Involve Your Treatment:** When a research study does not involve any treatment, we may disclose your health information to researchers after an Institutional Review Board has reviewed the research proposal, established appropriate procedures to ensure the privacy of your health information, and waived the need for your authorization.

**Military and Veterans:** If you are a member of the armed forces, we may release health information about you as required by military command authorities.

**Averting a Serious threat to Health or Safety:** When necessary, we may use and disclose health information about you to prevent a serious threat to your health or to the health and safety of another person or the public.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor health care systems, government programs and compliance with civil rights laws.

**Public Health Activities:** We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child and adult abuse or neglect
- To report reactions to medications, problems with products or other adverse events
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

**Law Enforcement:** We may disclose health information if asked to do so by law enforcement officials for the following reasons:

- In response to a court order, subpoena, warrant summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- To identify the victim of a crime if, under certain circumstances, we are unable to obtain the



- person's authorization
- To release information about a death we believe may be the result of criminal conduct
- To provide information about criminal conduct at our facility
- In emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of a person who committed the crime

**Coroners, Medical Examiners and Funeral Directors:** We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We also may release health information about patients at our facility to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Inmates:** If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care to protect your health and safety and the health and safety of others, and to protect the safety and security of the correctional institution.

**Legal Requirements:** We will disclose health information about you without your permission when required to do so by Federal or California law.

#### Your Verbal Agreement

**Individuals Involved in Your Care or Payment for Your Care:** With your verbal agreement, we may disclose health information about you to a family member or friend who is involved in your medical care. In addition, we may disclose health information about you to an entity assisting in disaster relief efforts (such as the Red Cross) so that your family can be notified about your condition, status and location.

#### Situations Requiring Your Written Authorization

If there are reasons we need to use your information that have not been described in the sections above, we will obtain your written permission. This permission is described as written "authorization." If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization we will no longer use or disclose health information about you for the reasons stated in your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care we provide you.

#### Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you. You may contact our health information representative, (reception) to obtain additional information and instructions for exercising the following rights:

#### You have the right to:

- 1) **Obtain a copy of the Pacific Frontier Medical, Inc. Notice of Privacy Practices.**
- 2) **Request a restriction on certain uses and disclosures of your information.** This request must be in writing. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment. However if our system

capabilities will not allow us to comply with your request, then we are not required to do so. We can only address requests for the practice of Pacific Frontier Medical, Inc. Your request will not extend to other external organizations that work with our practice.

- 3) **Inspect and request a copy of your health record.** This request for inspection or copies must be in writing and directed to the reception of Pacific Frontier Medical, Inc. A reasonable fee for copies will be charged. We may deny your request under limited circumstances.
- 4) **Request an amendment to your health record if you feel the information is incorrect or incomplete.** Your request must be made in writing and it must include a reason that supports the request. We may deny your request if the information was not created by our health care team, if it is not part of the information kept by our entity, if it is not part of the information which you are permitted to inspect and copy, or if the information is accurate and complete as stated.
- 5) **Obtain an accounting of disclosures to others of your health information.** The accounting will provide information about disclosures made for purposes *other than* treatment, payment, health care operations, disclosures excluded by law or those you have authorized.
- 6) **Request confidential communications.** You have the right to request that we communicate with you about health issues in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. We will accommodate all requests that are reasonable based on our system capabilities. Your request must be in writing and specify the exact changes you are requesting.
- 7) **Revoke your authorization.** You have the right to revoke your authorization for the use or disclosure of your health information except to the extent has already been taken.
- 8) **Complain about any aspect of our health information practices to us or to the United States department of Health and Human Services.** Complaints about his notice or how Pacific Frontier Medical, Inc. handles your health information should be directed in writing to:

Pacific Frontier Medical, Inc.  
Privacy Officer  
570 Price Avenue, Suite 200  
Redwood City, CA 94063

You may also submit a formal complaint in writing to the Secretary of the United States Department of Health and Human Services.

**Steven J. Harris, M.D.**  
**570 Price Avenue, Suite 200**  
**Redwood City, CA 94063**  
**Tel: 650-474-2130 / 303-907-6614**  
**Fax: 650-474-2136**

**SUMMARY** Board Certified Family Practitioner with a focus on Lyme disease and associated tick-borne illnesses as well as international medicine and under-served populations. Experience includes training in rural medicine of the developing world, urgent care, Integrative medicine, and public health.

**TRAINING** UNIVERSITY OF ILLINOIS/RAVENSWOOD FAMILY MEDICINE: CHICAGO, IL

- Board Certified in Family Medicine Sept. 2000, Recertified Aug. 2007
- Permanent Medical License in California #A72195

INTERNATIONAL LYME & ASSOCIATED DISEASE SOCIETY

- Training grant: worked with Dr. Charles Ray Jones, pediatric Lyme disease 2005

**EDUCATION** HOWARD UNIVERSITY/HOWARD UNIVERSITY COLLEGE OF MEDICINE

- Completion of requirements for Doctor of Medicine, June 1997

UNIVERSITY OF CALIFORNIA AT LOS ANGELES

- Bachelor of arts degree in development studies and history, Dean's list, June 1992

PORTLAND STATE UNIVERSITY / FOREIGN STUDY PROGRAM: BARCELONA, SPAIN

- Four month period of studies in international economics, Spanish and Portuguese history and advanced Spanish language, June 1990.

**DOMESTIC EXPERIENCE**

***Private Practice***

PRIVATE PRACTICE, Redwood City, CA	2007 to present
PRIVATE PRACTICE, Palo Alto, CA	2005-2007
PRIVATE PRACTICE, Nevada City, CA	2004-2007
PRIVATE PRACTICE, Fairfield, CA	2003-2004
PRIVATE PRACTICE, Malibu, CA	2001-2010
PRIVATE PRACTICE, Long Beach, CA	2001-2006
PRIVATE PRACTICE, San Diego, CA	2001-2002

- Solo practitioner in growing multi-site LDTBC (Lyme) practice

IGENEX, INC., Palo Alto, CA

- Clinical consultant for highly specialized Lyme reference laboratory. Created practice protocols for physicians to induce antigenuria in patients, enabling greater detection of infection

DR. YANG'S FAMILY CARE, INC., Santee, CA 2000-2001

- Anchored the nation's only non-profit Lyme and other tick-borne disease clinic. Functioned as primary care provider to high-risk population.
- Received training in Lyme disease from Dr. Therese Yang, Dr. Richard Horowitz, Dr. Greg Bach, Dr. Nick Harris and Dr. Joseph Burrascano.

***Urgent Care***

KAISER PERMANENTE MEDICAL GROUP, Vacaville, CA	2003-2004
SHARP REES-STEALY MEDICAL GROUP, San Diego, CA	2000-2003

- Staff physician in a high-volume urgent care network. Managed various orthopedic, ophthalmologic, cardiopulmonary, mental health and common complaints

- ADVOCATE HEALTH SYSTEMS, Chicago, IL 1999-2000
- Staff physician. Treated occupational injuries, minor trauma, dermatological problems and pediatric diseases.

## INTERNATIONAL EXPERIENCE

### *Rural Medicine*

- PROYECTO DE SALUD DE RIO BENI, Rurrenabaque Bolivia
- Administered primary health care to indigenous, rural populations in the Amazon basin, acting as their primary link to health services. Duties also included preventative care, training and coordination with other development organizations.
  - Annual month long trip 1999-2003
- ECOFORESTRY SERVICES FOR FARMERS, Santo Domingo Paraguay
- Performed physical exams and instruction on health education and emergency preparedness to villagers of a remote community. Oct 1999
- SOTUTA AND YAXCABA RURAL HEALTH CLINICS, Yucatan Mexico
- Assisted rural physicians in primary care of Mayan Indians. Participated in home visits, national immunization drives, grassroots women's health groups and regional health surveys for eight months. 1992-1993

## RESEARCH

- Lyme Disease* Polymerase Chain Reaction 1992, 1994-5
- The application of newly utilized primers in clinical PCR tests
  - Procedure for inactivating PCR replicons using ultraviolet light.
- Neuroborreliosis 2006
- Pilot study to establish predicted clinical outcomes with IV antibiotics in patients with apparent Multiple Sclerosis.
- Western Blot 2006
- Antibody band specificity to *Borrelia burgdorferi* ss antigens in CDC characterized samples.
- Multi-Method Examination of Diverse Manifestations of Lyme Disease 2008-2010
- Systematically characterized different patterns of manifestations of Lyme disease in a large sample of patients seen in clinical practice
  - Evaluate and compare sensitivity of various antibody and PCR assays against their clinical diagnosis and in comparison to matched HIV-infected people.

### *International Medicine*

- Training Program Curriculum 1999-2000
- Created and conducted survey to leaders in the field in order to develop legitimate curriculum for family practice residency program training in international medicine.

### *Herbal Medicine*

- Independent Research, Yucatan, Mexico 1993
- Investigated utilization patterns of medicinal herbs by Mayan Indians. Interpreted community attitudes toward traditional practices. Compiled ethno botanical lists and cross catalogued medicinal herbs in Mayan, Spanish and scientific nomenclature.

### *Nutrition*

- Center for Advanced Investigations, Yucatan, Mexico 1993  
(CINBESTAV)
- Worked with Gilberto Balam, M.D., PhD. Assessed cross-generational malnutrition in several villages in the Milpero region of the Yucatan. Analyzed consumption practices and prevalence of horizontal enamel hyperplasia in frontal incisors. Conducted key informant interviews and focus groups. Processed

data, tabulated results and helped advance further hypotheses.

**Other**

Publications:

- "B Burgdorferi Antigen Levels in Urine and Other Fluids During the Course of Treatment for Lyme Disease", presented at VII International Cong. Lyme Borreliosis, June 16-21 1996, San Francisco, CA
- "Lyme Disease Update, Treating the Outdoorsman", Men's Total Health Digest, Sept/Oct 2002, Vol. 2, Issue 4 pp. 22-24
- "Comparison of Specificity and Sensitivity of IGeneX Criteria and CDC Criteria for a Positive Western Blot", Townsend Letter, Shaw, et al, April 2007 pp. 129-135.
- "Chapter 1", Insights into Lyme Disease Treatment, 2009, pp.31-54.

Presentations:

- Keynote speaker International Lyme and Associated Diseases Society- Europe (ILADS), "Neuroborreliosis", July 2004
- International Lyme and Associated Diseases, "Lyme disease and Multiple Sclerosis", November 2003
- California Senate Select Committee on Health and Human Services, Presentation on Lyme Disease, February 2004

Memberships:

- American Academy of Family Physicians
- International Lyme and Associated Disease Society (ILADS)
  1. Co-facilitator Board Building Offsite
  2. Facilitator of physician training in Lyme disease for ILADS training grant recipients
- California Medical Association
- [www.lymedisease.org](http://www.lymedisease.org) (formerly CALDA)
  - 1) Board of Directors
- QMEDRX- Scientific Advisory Committee