PATIENT REGISTRATION FORM

VECINO HEALTH CENTERS

PATIENT INFORMATION - PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE NAME	BIRTHDATE	GENDER
				M F

SOCIAL SECURITY NUMBER	PHONE 1	PHONE 2	E-MAIL

ADDRESS	CITY	STATE	ZIP

RACE
___ American Indian or Alaska Native
___ Asian
___ Native Hawaiian/Pacific Islander
___ Black/African-American
___ White
___ More than One Race
___ Unreported/Refused to Report

ETHNICITY
___ Hispanic/Latino
___ Not Hispanic/Latino
___ Unreported/Refuse

LANGUAGE
__ English
__ Spanish
__ Other

INSURANCE INFORMATION – PLEASE PRINT

PRIMARY INSURANCE NAME	ID #	GROUP #	POLICY HOLDER NAME

SECONDARY INSURANCE NAME	ID #	GROUP #	POLICY HOLDER NAME

GUARDIAN INFORMATION – PLEASE PRINT

GUARDIAN 1 DOB	GUARDIAN 2 DOB
ADDRESS ___ SAME AS ABOVE	ADDRESS ___ SAME AS ABOVE
CITY/STATE/ZIP	CITY/STATE/ZIP
PHONE 1 / PHONE 2	PHONE 1 / PHONE 2
RELATIONSHIP ___Mother ___Father ___Other (specify)_____	RELATIONSHIP ___Mother ___Father ___Other (specify)_____

FAMILY SIZE/INCOME AS NOTED ON INCOME DOCUMENT(S) – PLEASE PRINT

FAMILY SIZE	YEARLY INCOME	IF REFUSE, PLEASE INITIAL

EMERGENCY CONTACT INFORMATION – PLEASE PRINT

NAME	NAME
ADDRESS ___ SAME AS ABOVE	ADDRESS ___ SAME AS ABOVE
CITY/STATE/ZIP	CITY/STATE/ZIP
PHONE 1 / PHONE 2	PHONE 1 / PHONE 2
RELATIONSHIP ___Mother ___Father ___Other (specify)_____	RELATIONSHIP ___Mother ___Father ___Other (specify)_____

PATIENT OR AUTHORIZED SIGNATURE	PRINTED NAME	DATE

How did you hear about us? ___Newspaper ___TV ___Friend/Family ___Other (Specify) _____

VECINO
HEALTH CENTERS

CONSENT FOR MEDICAL TREATMENT

Knowing that I, _____ am (is) suffering from a condition requiring diagnosis and medical treatment, I do hereby consent to such diagnostic procedures and hospital care and to such medical treatment as is necessary in the judgment of the Physician(s) of the medical staff of the Vecino Health Centers of Harris County, Texas who are agents or employees of the Vecino Health Centers.

I understand that if a healthcare worker is accidentally exposed to my blood or any body fluids in such a fashion that the healthcare worker may be at risk of contracting AIDS, I will be required to have my blood tested pursuant to Texas Law and hospital protocol to determine if I have Human Immunodefiency Virus (HIV) or other blood borne infections. Test results will be kept confidential to the extent allowed by law and any information concerning my identity in connection with such testing will be destroyed after notification of the healthcare worker who was exposed.

Signature:_____ Date: _____

Witness Signature:_____ Date: _____

CONSENTIMIENTO PARA TRATAMIENTO MEDICO

Sabiendo que (ell nombre de la persona o yo) _____ estoy (esta) padeciendo de una condicion que requiere diagnostico y tratamientos necesarios, de acuerdo al juicio del medico y dental del Vecino Health Centers, Texas, quedes no son agentes o empleados del Vecino Health Centers.

Eri el caso que un profesional de la salud se exponga accidentalmente a mi sangre o fluidos corporales, se me ordenara un analisis de sangre para determinar si soy portador del virus del SIDA. Debido al riesgo potencial de contraer el Virus de Immunodeficiencia Humana u otras infecciones de la sangre , se solicita este analisis de acuerdo a la Ley del Estado de Texas y al protocolo hospitalario. Los resultados de estos analisis seran estrictamente confidenciales hasta donde la contempla la Ley.

Firma:_____ Fecha: _____

Testigo: _____ Fecha: _____

VECINO
HEALTH CENTERS

Patient Record of Disclosures

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

□ Home Telephone _____
- □ O.K. to leave message with detailed information
- □ Leave message with call-back number only

□ Written Communication
- □ O.K. to mail to my home address
- □ O.K. to mail to my work/office address
- □ O.K. to fax to this number

□ Work Telephone
- □ O.K. to leave message with disabled information
- □ Leave message with call-back number only

□ Other_____

_____ _____
Patient/Guardian Signature Date

_____ _____
Print Name of Patient Birthdate

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.

Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

Note: Uses and disclosures for TPO may be permitted without prior consent in an emergency.

Record of Disclosures of Protected Health Information

Date	Disclosed to Whom Address or Fax Number	1	Description of Disclosure/ Purposes of Disclosure	By Whom Disclosed	2	3

(1) Check this box if the disclosure is authorized
(2) Type Key: T=Treatment Records; P=Payment Information; O=Healthcare Operations
(3) Enter how disclosure was made: F=Fax; P=Phone; E=Email; M=Mail; O=Other

VECINO
HEALTH CENTERS

I, _____, have received Houston Community Health Centers, Inc.'s policy on Patient Rights & Responsibilities and Notice of Client Rights (attached). By signing this, I am fully aware of both documents and agree to follow the rules of the clinic as they are written in these documents.

_____ _____

Patient/Guardian Signature Date

OFFICE USE ONLY

_____ _____

Employee Signature Date

Denver Harbor Family Clinic
VECINO HEALTH CENTER

Airline Children's Clinic
VECINO HEALTH CENTER

VECINO HEALTH CENTERS
PATIENT AND CENTER RIGHTS AND RESPONSIBILITIES

Welcome to Vecino Health Centers.
Our goal is to provide high quality health care services to qualified persons in this community, regardless of their ability to pay. If the Center is enrolling new patients, you may be eligible to become our patient. As a patient, you have rights and responsibilities. Vecino Health Centers also has rights and responsibilities. We want you to understand these rights and responsibilities so you can help us provide better health care for you. Please read and sign this statement and ask us questions you might have.

Human Rights:
You have a right to be treated with respect and dignity regardless of race, religion, sex, national origin, sexual orientation, political affiliation, or ability to pay for services.

Payment for Services:

- You are responsible for giving us accurate information about your present financial status and any changes in your financial status. We need this information to decide how much to charge you and/or so we can bill private insurance, Medicaid, Medicare, or other benefits for which you may be eligible. If your income is less than the federal poverty guidelines, you will be charged a discounted fee.

- You have a right to receive explanations of our bill. You must pay, or arrange to pay, all agreed fees for services, with the exception of dental services, which are provided on a prepaid basis. If you cannot pay right away, please let us know so we can provide care for you now and work out a payment plan.

- Federal law prohibits us from denying you primary health care services which are medically necessary, solely because you cannot pay for these services.

Privacy:
You have a right to have your interviews, examinations and treatment in privacy. Your health care records are also private. Only legally authorized persons may see your records unless you request in writing for us to show them to someone else. A complete discussion of your privacy rights is attached as "Notice of Client Privacy Rights." The Notice details the various rights granted to you by the Health Insurance Portability and Accountability Act.

Health Care:

- You are responsible for providing us complete and current information about your health or illness, so that we can give you proper health care. You have a right, and are encouraged, to participate in decisions about your treatment.

- You have a right to information and explanations in the language you normally speak and in words that you understand. You have a right to information about your health or illness, treatment plan (including risks) and expected outcome, if known, and information regarding Advance

Directives. If you do not wish to receive this information, or if it is not medically advisable to share that information with you, we will provide it to a legally authorized person.

- You are responsible for appropriate use of our services, which includes following our staff's instructions, making and keeping scheduled appointments. Walk-in appointments are strongly discouraged. If you cannot follow the staff's instructions, please tell us so we can help you.

- If you are an adult, you have a right to refuse treatment to the extent permitted by law and to be informed of the risks of refusing such care. You are responsible for the outcome of refusing treatment.

- You have a right to health care and treatment that is reasonable for your condition and within our capability.

- You have a right to be transferred or referred to another facility for services that we cannot provide. But, we do not pay for services that you get somewhere else. Vecino Health Centers is not an emergency care facility.

- If you are in pain, you have a right to receive an appropriate assessment and management, as necessary.

VECINO HEALTH CENTERS Rules:

- You have a right to receive information on how to appropriately use Vecino Health Centers services. You are responsible for using Vecino Health Centers services in an appropriate manner. If you have questions, please ask us.

- You are responsible for the supervision of children you bring with you to Vecino Health Centers. Unattended minors are not allowed in the waiting room or any area of the clinic. ***You are responsible for their safety and the protection of clients and our property. The clinic staff may contact the police or child protective services if unattended children are found on Vecino Health Centers property.***

- You have a responsibility to keep your scheduled appointments. Missed scheduled appointments cause delay in treating other patients. When you accrue your 1st and 2nd missed scheduled appointments, the Center will send to your home a "Notice of Non-Compliance Form" to make you aware of your no show missed appointments. When you have missed your 3rd scheduled appointment, Vecino Health Centers may then send you a termination letter. If you wish, you may speak with the Executive Director or Medical Director to dispute the decision of termination. Please call the Center and schedule an appointment with them.

Complaints:

- If you are not satisfied with our services, please tell us. We want suggestions so we can improve our services. We will tell you how to file a complaint. If you are not satisfied with how we handle your complaint, you may complain to the Board of Directors.

- If you complain, we will not punish you for filing a complaint and we will continue to provide services.

- Please call the Customer Service Line at 713-343-5460 for complaints

Termination:
If we decide that we must stop treating you as a patient, you have a right to advance notice that explains the reason for the decision, and you will be given 30 days to find other health care services. We can decide to stop treating you immediately and without notice if you have created a threat to the safety of the staff and/or other clients. You have a right to receive a copy of the Center's termination of the Patient and Vecino Health Centers Relationship policy.

Reasons for which we may stop seeing you include (but are not limited to):

1. Failure to obey our rules, such as keeping scheduled appointments
2. Intentional failure to report accurately your financial status
3. Intentional failure to report accurate information concerning your health or illness
4. Intentional failure to follow the health care program, such instructions about taking medications, personal health practices, or follow up appointments, as recommended by your provider.
5. Creating a threat to the safety of the staff and/or other clients

If we have given you notice of termination of the patient and Vecino Health Centers relationship, you have the right to appeal the decision to the CEO/Medical Director. While you are appealing our decision, we will see you as a patient on an emergency basis only.

Denver Harbor Family Clinic
VECINO HEALTH CENTER

Airline Children's Clinic
VECINO HEALTH CENTER

VECINO HEALTH CENTERS
NOTICE OF CLIENT PRIVACY RIGHTS

To our Clients:

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This notice applies to all of the records of your care generated by this Center, whether made by the Center or an associated provider. Our policies on protecting your health information extend to all professional authorized persons who have a need to know to provide care to you. The policies apply to all areas of the Center including all Center staff, the front desk, billing and administration. It also applies to any entity or individual with whom we contract services, such as referral providers.

Your Protected Health Information
As our patient, we create paper and electronic medical records and documents concerning you and your health, as well as the care and services we provide to you. We need this record to provide continuity of care and to comply with certain legal requirements. We are required by law to:

- make sure that your protected health information is kept private,
- provide you with this Notice of Client Privacy Rights, and
- make sure the law and your legal rights are in effect.

HOW WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION

Treatment. We use information previously compiled about you to provide you with current or future health care treatment or services. Therefore, we may, and most likely will, disclose your information to doctors, nurses and other health care personnel who are involved in your care.

Payment. We may use and disclose medical information about you concerning services and procedures so they may be billed and collected from you, your insurance company or third party reimbursement entity such as Workers Compensation.

Operational Uses. We may use and disclose medical information about you in order to operate the Center efficiently and make sure our patients receive quality of care.

Appointment and Patient Recall Reminders. We may use and disclose your health information to contact you to remind you regarding appointments or for medical care that you are to receive.

External Entities. In an emergency, we may disclose information about you to an entity assisting in disaster relief so that your family can be notified about your condition, status and location.

Research. We may participate in research concerning the use of certain treatment protocols that have proper governmental and Center approval. You will be informed of any research projects and you must

consent to participation in research BEFORE we disclose any of your information. Your medical care at the clinic will not be affected in any way if you choose not to participate in any of our research projects.

Required by Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose your health information to persons who need to know when necessary to prevent a serious threat to either your health or the health and safety of others.

Organ and Tissue Donation. If you are an organ donor, we may disclose medical information to organizations that handle organ procurement and transplantation.

Public Health Issues and Risks. We may report your health information as required by law or by your authorization concerning certain health conditions to prevent or control disease, injury or disability, births and deaths, child or elder abuse or neglect, reactions to medications or products, recalls of products, and notice of exposure to a condition.

Victims of Abuse, Neglect or Domestic Violence. We may disclose your health information to law enforcement, social services, or other government agencies authorized to receive the report if we have reason to believe that you are a victim of abuse, neglect, or domestic violence.

Investigations and Government Activities. We may disclose your health information to a local, state or federal agency for oversight activities authorized by law that may concern inspections, licensure, illegal conduct, or compliance with other laws and regulations including civil rights laws.

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

Law Enforcement. We may release your health information to law enforcement officials in response to a court order, subpoena, warrant, summons or similar process, to identify or locate a suspect witness or missing person, concerning a victim of a crime, about a death we believe may involve criminal actions, criminal conduct in progress, crimes on Center premises, or emergency situations to report a crime or details of a crime.

Coroners, Medical Examiners and Funeral Directors. We may release your health information to a coroner or medical examiner or funeral directors as necessary for them to carry out their duties.

Military and National Security. If you currently serve in the military or are a veteran, we may disclose your health information to the military upon proper request. We may also disclose your information to federal officials conducting national security and intelligence activities.

Workers' Compensation. We may disclose your information if required by workers' compensation laws and other similar laws and regulations.

YOUR PRIVACY RIGHTS

You have the right to:

Inspect and copy your health information. You may ask to review and get a copy of health information about you that the Center keeps for as long as the Center has it. If you request to review your health information, the Center will determine whether to allow you to review some or all of the health information

you asked for. The Center may charge a fee for any copies that you ask for. Please make this request in writing to the Center's **Operations Manager OR Privacy Contact**

Amend your health information, if you feel it is wrong or not complete. You may request that we amend the health information the Center keeps. If the Center accepts your request to amend your health information, the change will become a permanent document in your health care record. Please make this request in writing to the Center's **Operations Manager OR Privacy Contact**

Request a limit to the health information we disclose. You may ask the Center not to use or disclose your health information. Your request must describe the specific limits you are requesting. The Center may deny your request. Please make this request in writing to the Center's **Operations Manager OR Privacy Contact**

Request a list of disclosures we have made of your health information. You can request a list of disclosures of your health information that the Center has made. This list will not include routine disclosures of your health information for the treatment, payment, or business operations purposes described above. Please make this request in writing to the Center's **Operations Manager OR Privacy Contact**

Request confidential communications from us. We will not disclose your health information except as described in this Notice. However, you may ask us to contact you by another means or at a different address or to limit the number or type of people who have access to your health information. Please make this request in writing to the Center's **Operations Manager OR Privacy Contact**

Receive a paper copy of this Notice from us. You may request a copy of this Notice at any time.

YOUR RIGHT TO COMPLAIN

Complaints. If you believe that your privacy rights have been violated, you may file a complaint with the Center or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing, and all complaints will be investigated.

CHANGES TO THIS NOTICE

Changes to this notice. We reserve the right to change this Notice at any time. We will post a copy of the current notice in the Center with the effective date in the upper right hand corner of the first page. You may request a copy of the current notice each time that you visit the Center for services or by calling the Center and requesting that the current notice be sent to you in the mail.

PRIVACY CONTACT INFORMATION

If you have any questions about this Notice or wish to submit a request, please contact the Center's **Operations Manager OR Privacy Contact**

Name: Vecino Health Centers
Address: 424 Hahlo Street • Houston Texas 77020
Telephone: 713-674-3326 **Fax:** 713-674-3332

EFFECTIVE DATE - This Notice is effective as of 01/11/2011.