



United Telehealth Corp
 7975 North Hayden Road Suite D-354
 Scottsdale, AZ 85258
 Phone: 480.268.2670 - Fax: 480.268.2671



New Patient Information

Patient Name (Last, First, Middle Initial): _____

DOB: ____/____/____ Gender: Male Female

Social Security # ____-____-____ Medicare #: _____

RESIDENCE

Circle One: Private Home Group Home Assisted Living Community

Address: _____

City: _____ State: _____ Zip: _____

(If Applicable)

Group Home/ Assisted living Community Name: _____

Primary Contact: _____ Phone: _____

Fax: _____

Billing address (If not the same as above): _____

ADVANCE DIRECTIVES

We wish to follow your health directives. In order to do so, please provide copies of any legal documentation that will identify and provide guidance on your behalf.

- Power of Attorney (Durable Medical, Financial, Mental Health)
- Living Will
- Guardianship

Power of Attorney/Guardian Name: _____

Address: _____

Phone: _____

How were you referred to UTC? _____



United Telehealth Corp
 7975 North Hayden Road Suite D-354
 Scottsdale, AZ 85258
 Phone: 480.268.2670 - Fax: 480.268.2671



Patient Name: _____

EMERGENCY CONTACTS

Contact #1: _____ Phone: _____

Relationship to patient: _____

- Full access of patient medical file
- Limit access of patient medical file
- No access of patient medical file.

Contact #2: _____ Phone: _____

Relationship to patient: _____

- Full access of patient medical file
- Limit access of patient medical file
- No access of patient medical file.

INSURANCE INFORMATION
<p>PLEASE NOTE FOR "HMO" INSURANCE PLANS We MUST be made the primary care physicians (PCP) on file with that insurance company. We will be unable to see patients who do not make this assignment.</p> <p>In order to make this change, simply call your insurance company with the number found on the back of your insurance card and let them know that you will be changing your PCP.</p>

Primary Insurance: _____ ID# _____

Group # _____ Insured: _____

Address of Insurance: _____

Secondary Insurance: _____ ID# _____

Group # _____ Insured: _____

Address of Insurance: _____

****PLEASE ATTACH IMAGE OF INSURANCE CARDS. FRONT AND BACK****



United Telehealth Corp
 7975 North Hayden Road Suite D-354
 Scottsdale, AZ 85258
 Phone: 480.268.2670 - Fax: 480.268.2671



Patient Name: _____

PATIENT RELEASE AND CONSENT

- I understand that telemedicine is the use of electronic information and communication technologies by a healthcare provider used to deliver services to an individual when he/she is located at a different location or site than I am.
- I understand that the laws that protect privacy and the confidentiality of medical information including (HIPPA) also apply to telemedicine.
- I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without effecting my right to future care or treatment.
- I understand that by signing this form that I am consenting to receive health care services via telemedicine.
- I hereby authorize United Telehealth Corp to directly bill Medicare or Medicaid (AHCCCS), and for my insurance company to make direct payments to United Telehealth Corp.
- United Telehealth Corp may obtain medical or other information necessary in order to process my claim(s), including determining eligibility and seeking reimbursement for medical supplies ordered.
- I am aware the Medicare may not pay for preventative medicine, routine physical, or screening test.
- I am aware that I am responsible for any deductible, co-payment or any amount that is not covered by my insurance company for my telemedicine visit. I understand all health plans are not the same, and they do not always cover the same services. In the event my health plan determines a service to be "not covered" I will be fully financially responsible for the complete charge(s).
- I hereby authorize United Telehealth Corp to release any information necessary to insurance carriers regarding by illness and treatments.
- I hereby authorize a copy of my insurance card and any other identification to be used to process insurance claims for the period of my lifetime, this authorization will remain in effect until revoked by me in writing.
- I hereby authorize United Telehealth Corp to obtain any and all medical records that pertain to my health care and/or any pertinent Protected Health Information.
- If I miss two consecutives visits, I may become ineligible for further services.
- I acknowledge receipt and have read and understand the Notice of Health Information Practices regarding my provider's participation in the statewide Health Information Exchange (HIE), or I previously received this information and decline another copy. { Reconozco que recibí y leí el Aviso de Prácticas de Información de Salud. Entiendo que mi proveedor de salud participa en Health Current, el intercambio de información sobre la salud de Arizona (HIE – por sus siglas en inglés)}

Patient name: _____

Signature: _____

Relationship to patient (If other than patient): _____

Date: _____

Please note new patients must fill out all forms completely before our initial home visit.



United Telehealth Corp
 7975 North Hayden Road Suite D-354
 Scottsdale, AZ 85258
 Phone: 480.268.2670 - Fax: 480.268.2671



Patient Name: _____

PHARMACY

Preferred Pharmacy: _____

Phone: _____ Fax: _____

MEDICATION				
MEDICATION NAME	DATE PRESCRIBED	STRENGTH	DOSE	PRESCRIBER

DRUG ALLERGIES	
MEDICATION	REACTION

****PLEASE SEND IN COPY OF MEDICATION LIST (MAR)****



United Telehealth Corp
 7975 North Hayden Road Suite D-354
 Scottsdale, AZ 85258
 Phone: 480.268.2670 - Fax: 480.268.2671



Patient Name: _____

MEDICAL HISTORY

Which medical conditions do you have now or have had in the past? (Please check all that apply.)

<p>Eye and Ear</p> <ul style="list-style-type: none"> <input type="checkbox"/> Glasses/Contact lens <input type="checkbox"/> Macular Degeneration <input type="checkbox"/> Cataracts <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Chronic Ear Infection <input type="checkbox"/> Ringing in ears <input type="checkbox"/> Other _____ <p>Gastrointestinal Tract</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nausea <input type="checkbox"/> Heartburn/Reflux/GERD <input type="checkbox"/> Ulcers <input type="checkbox"/> Irritable Bowel <input type="checkbox"/> Liver Disease/Cirrhosis <input type="checkbox"/> Hepatitis <input type="checkbox"/> Gallbladder Disease <input type="checkbox"/> Colon Polyps <input type="checkbox"/> Diverticulosis <input type="checkbox"/> Bleeding Problems <input type="checkbox"/> Constipation <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Other _____ <p>Kidney and Urinary Tract</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frequent Bladder Infections <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Enlarged Prostate <input type="checkbox"/> Urinary Incontinence <input type="checkbox"/> Frequent Urination <input type="checkbox"/> Painful Urination <input type="checkbox"/> Kidney stones <input type="checkbox"/> Other _____ 	<p>Heart</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heart attack - Year _____ <input type="checkbox"/> Heart failure <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Aortic Stenosis <input type="checkbox"/> Heart Valve Problems <input type="checkbox"/> Angina <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Pacemaker <input type="checkbox"/> Atrial fibrillation <input type="checkbox"/> Irregular Heartbeat <input type="checkbox"/> Other _____ <p>Lungs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asthma <input type="checkbox"/> COPD/Emphysema <input type="checkbox"/> Bronchitis <input type="checkbox"/> Recurrent Pneumonias <input type="checkbox"/> Other _____ <p>Glands</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thyroid Overactive <input type="checkbox"/> Thyroid underactive <input type="checkbox"/> Diabetes <input type="checkbox"/> Other <input type="checkbox"/> <p>Nervous System</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dementia - Type _____ <input type="checkbox"/> Stroke <input type="checkbox"/> Epilepsy or Seizures <input type="checkbox"/> Neuropathy/Nerve Damage <p>Cancer</p> <ul style="list-style-type: none"> <input type="checkbox"/> Location: _____
---	--



United Telehealth Corp
 7975 North Hayden Road Suite D-354
 Scottsdale, AZ 85258
 Phone: 480.268.2670 - Fax: 480.268.2671



Patient Name: _____

MEDICAL HISTORY CONTINUED

<p>Bones and Joints</p> <p><input type="checkbox"/> Gout</p> <p><input type="checkbox"/> Lower back pain</p> <p><input type="checkbox"/> Osteoporosis</p> <p><input type="checkbox"/> Arthritis _____</p> <p><input type="checkbox"/> Fractured Bones _____</p>	<p>Surgical History</p> <p><input type="checkbox"/> Heart Bypass - Date _____</p> <p><input type="checkbox"/> Heart Stent - Date _____</p> <p><input type="checkbox"/> Heart Valve - Date _____</p> <p><input type="checkbox"/> Pacemaker - Date _____</p> <p><input type="checkbox"/> Defibrillator/ICD- Date _____</p> <p><input type="checkbox"/> Hysterectomy- Date _____</p>
--	--

Other past Surgeries and dates:

Other Health Concerns:

Have you recently been in the hospital or skilled nursing facility in the past 3 months?

YES or NO (Please Circle one)

Name of facility: _____ Discharge Date: _____

Are you currently on home health services? YES or NO (please circle one)

Name of Home Health Agency: _____

Name of person completing new patient intake packet: (Please print)

Relationship to patient: _____

Signature of person completing forms: _____

Date: _____



United Telehealth Corp
7975 North Hayden Road Suite D-354
Scottsdale, AZ 85258
Phone: 480.268.2670 - Fax: 480.268.2671



Health Current: Notice of Health Information Practices

You are receiving this notice because your healthcare provider participates in a non-profit, non-governmental health information exchange (HIE) called Health Current. It will not cost you anything and can help your doctor, healthcare providers, and health plans better coordinate your care by securely sharing your health information. This Notice explains how the HIE works and will help you understand your rights regarding the HIE under state and federal law.

How does Health Current help you to get better care? In a paper-based record system, your health information is mailed or faxed to your doctor, but sometimes these records are lost or don't arrive in time for your appointment. If you allow your health information to be shared through the HIE, your doctors are able to access it electronically in a secure and timely manner.

What health information is available through Health Current? The following types of health information may be available: • Hospital records • Radiology reports • Medical history • Clinic and doctor visit information • Medications • Health plan enrollment and eligibility • Allergies • Lab test results • Other information helpful for your treatment

Who can view your health information through Health Current and when can it be shared? People involved in your care will have access to your health information. This may include your doctors, nurses, other healthcare providers, health plan and any organization or person who is working on behalf of your healthcare providers and health plan. They may access your information for treatment, care coordination, care or case management, transition of care planning, payment for your treatment, conducting quality assessment and improvement activities, developing clinical guidelines and protocols, conducting patient safety activities, and population health services. Medical examiners, public health authorities, organ procurement organizations, and others may also access health information for certain approved purposes, such as conducting death investigations, public health investigations and organ, eye or tissue donation and transplantation, as permitted by applicable law.

Health Current may also use your health information as required by law and as necessary to perform services for healthcare providers, health plans and others participating with Health Current. The Health Current Board of Directors can expand the reasons why healthcare providers and others may access your health information in the future as long as the access is permitted by law. That information is on the Health Current website at healthcurrent.org/permitted-use. You also may permit others to access your health information by signing an authorization form. They may only access the health information described in the authorization form for the purposes stated on that form.

Does Health Current receive behavioral health information and if so, who can access it? Health Current does receive behavioral health information, including substance abuse treatment records. Federal law gives special confidentiality protection to substance abuse treatment records from some substance abuse treatment programs. Health Current keeps these protected substance abuse treatment records separate from the rest of your health information. Health Current will only share these protected substance abuse treatment records it receives from these programs in two cases. One, medical personnel may access this information in a medical emergency. Two, you may sign a consent form giving your healthcare provider or others access to this information

How is your health information protected? Federal and state laws, such as HIPAA, protect the confidentiality of your health information. Your information is shared using secure transmission. Health Current has security measures in place to prevent someone who is not authorized from having access. Each person has a username and password, and the system records all access to your information.



United Telehealth Corp
7975 North Hayden Road Suite D-354
Scottsdale, AZ 85258
Phone: 480.268.2670 - Fax: 480.268.2671



Your Rights Regarding Secure Electronic Information Sharing You have the right to:

1. Ask for a copy of your health information that is available through Health Current. To make this request, complete the Health Information Request Form and return it to your healthcare provider.
2. Request to have any information in the HIE corrected. If any information in the HIE is incorrect, you can ask your healthcare provider to correct the information.
3. Ask for a list of people who have viewed your information through Health Current. To make this request, complete the Health Information Request Form and return it to your healthcare provider. Please let your healthcare provider know if you think someone has viewed your information who should not have.

You have the right under article 27, section 2 of the Arizona Constitution and Arizona Revised Statutes title 36, section 3802 to keep your health information from being shared electronically through Health Current:

1. Except as otherwise provided by state or federal law, you may “opt out” of having your information shared through Health Current. To opt out, ask your healthcare provider for the Opt Out Form. Your information will not be available for sharing through Health Current within 30 days of Health Current receiving your Opt Out Form from your healthcare provider. Caution: If you opt out, your health information will NOT be available to your healthcare providers—even in an emergency.
2. If you opt out today, you can change your mind at any time by completing an Opt Back in Form and returning it to your healthcare provider.
3. If you do nothing today and allow your health information to be shared through Health Current, you may opt out in the future.

IF YOU DO NOTHING, YOUR INFORMATION MAY BE SECURELY SHARED THROUGH HEALTH CURRENT.



United Telehealth Corp
7975 North Hayden Road Suite D-354
Scottsdale, AZ 85258
Phone: 480.268.2670 - Fax: 480.268.2671



Health Current - Notificación de Prácticas de la Información de la Salud

Usted está recibiendo esta notificación porque su proveedor de salud médica participa en una organización no gubernamental, sin fines de lucro, de intercambio de información de salud (HIE - por sus siglas en inglés) llamada Health Current. No le costará nada y podrá ayudar a su médico, proveedores de salud médica y sus planes de salud mejor coordinar su atención médica compartiendo de una manera segura su información de salud. Esta notificación explica cómo funciona el HIE y le ayudará a entender sus derechos respecto al HIE conforme las leyes estatales y federales.

De qué manera Health Current le ayuda a obtener mejor cuidado? En un sistema de registro basados en papel, su información médica se envía por correo o fax a su médico, pero a veces estos registros se pierden o no llegan a tiempo para su cita. Si usted permite que su información de salud sea compartida mediante el HIE, sus médicos podrán acceder a su información electrónicamente de una manera segura y oportuna.

Qué información de salud está disponible mediante Health Current? El siguiente tipo de información de salud se podrá disponer: ● Registros hospitalarios ● Informes radiológicos ● Antecedentes médicos ● Información de las consultas clínicas y médicas ● Medicamentos ● Inscripción y elegibilidad en los planes de salud ● Alergias ● Resultados de laboratorio ● Otra información útil para su tratamiento

Quién podrá ver y cuándo se podrá compartir su información de salud mediante Health Current? Las personas que participan en su atención médica tendrán acceso a su información médica. Esto podría incluir a sus médicos, enfermeras, otros proveedores de salud médica, planes de salud y cualquier organización o persona trabajando en nombre de sus proveedores de salud y plan de salud. Ellos podrán acceder a su información para tratamiento, coordinación del cuidado, administración de casos o cuidados, transición de la planificación del cuidado, pagos de su tratamiento, conducir evaluaciones de calidad y actividades de mejora, desarrollar normas y protocolos clínicos, ejercer actividades de seguridad de los pacientes, y servicios de salud poblacional. Los examinadores médicos, las autoridades de salud pública, organizaciones de adquisición de órganos, y otros podrán acceder la información de salud para ciertos fines aprobados, tales como investigaciones de muerte, investigaciones de salud pública, y la donación y el trasplante de órganos, ojos y tejidos según sea permitido por las leyes vigentes. Health Current también podrá usar su información de salud según lo requiere la ley como sea necesario para llevar a cabo los servicios para los proveedores de salud, planes de salud y otras personas participando con Health Current. La Junta Directiva de Health Current podrá ampliar las razones por las que los proveedores de salud y otros podrán acceder a su información de salud en el futuro mientras lo permita la ley. Esa información está en el sitio web de Health Current healthcurrent.org/permitted-use. Usted podrá autorizar a otros acceder a su información de salud mediante la firma de un formulario de autorización. Ellos sólo podrán acceder a la información de salud descrita en la forma de autorización para los fines indicados en el formulario.

Recibe Health Current información de la salud conductual y si es así, ¿Quién la puede acceder? Health Current recibe información de la salud conductual, incluyendo los registros médicos de tratamiento de abuso de sustancias. La ley federal otorga protección especial de confidencialidad a los registros médicos de tratamiento para algunos programas de abuso de sustancias. Health Current mantiene los registros médicos protegidos del tratamiento de abuso de sustancias aparte del resto de su información de salud. Health Current solamente compartirá los registros médicos protegidos de tratamiento de abuso de sustancias que reciba de estos programas en dos casos. Uno, el personal médico podrá acceder a esta información en caso de una emergencia médica. Dos,



United Telehealth Corp
7975 North Hayden Road Suite D-354
Scottsdale, AZ 85258
Phone: 480.268.2670 - Fax: 480.268.2671



usted podrá firmar un formulario de consentimiento para dar a su proveedor de salud médica u otros acceso a esta información.

Cómo se protege su información de salud? Las leyes federales y estatales, tales como HIPAA, protegen la confidencialidad de su información de salud. Se comparte la información mediante una transmisión segura. Health Current toma medidas de seguridad para evitar que alguien no autorizado tendrá acceso. Cada persona tiene un nombre de usuario y contraseña, y el sistema registra todos los accesos a su información.

Sus derechos respecto al Intercambio Seguro de Información Electrónica Usted tiene el derecho a:

1. Pedir una copia de su información de salud que está disponible mediante Health Current. Para hacer esta petition, llene el Formulario de Solicitud de Información de Salud y entregarlo a su proveedor de salud médica.
2. Pedir corregir toda información en el HIE. Si alguna información en el HIE esta incorrecta, usted puede pedirle a su proveedor de salud médica que corrija la información.
3. Pedir una lista de las personas que han visto a su información mediante Health Current. Para hacer esta petición, llene el Formulario de Solicitud de Información de Salud y entregarlo a su proveedor de salud médica. Favor de notificar a su proveedor de salud médica si usted cree que alguien que no debería ha visto a su información.

Usted tiene derecho según el artículo 27, sección 2 por la Constitución de Arizona y los Estatutos Revisados de Arizona título 36, sección 3802 para prevenir que su información médica sea compartida electrónicamente mediante Health Current:

1. Salvo que se provea según leyes estatales o federales, usted puede optar por la exclusión de tener su información compartida mediante Health Current. Para excluir su participación, pídale a su proveedor de salud médica por el formulario para optar por la exclusión. Su información no estará disponible para compartir mediante Health Current dentro de los treinta (30) días de cuando Health Current reciba el formulario para optar por la exclusión de su proveedor médico. Precaución: Si usted se excluye, sus proveedores de salud médica no podrán acceder a su información de salud — incluso en una emergencia.
2. Si usted se excluye hoy, puede cambiar de opinión en cualquier momento completando el formulario para la inclusión y entregarlo a su proveedor de salud médica.
3. Si usted no hace nada hoy y permite que su información de salud sea compartida mediante Health Current, usted puede optar por la exclusión en el futuro.

SI USTED NO HACE NADA, SU INFORMACIÓN PUEDE SER COMPARTIDA DE MANERA SEGURA MEDIANTE HEALTH CURRENT.