

# Audiology and Hearing Aid Center

Cynthia Olsen, AuD, CCC-A

Doctor of Audiology

1740 N. Milwaukee

Boise, ID 83704

208-658-0238

Name \_\_\_\_\_ Date \_\_\_\_\_ Dr. Reviewed \_\_\_\_\_

## Medical History

Please provide the following information:

### Current Illness

In your own words, what is the specific reason for your visit? \_\_\_\_\_

**Date of Injury or Onset of Symptoms** \_\_\_\_\_

**Date of Last:** Physical Examination \_\_\_\_\_ Aspirin Use \_\_\_\_\_

Past Medical History

**Environmental Allergies** \_\_\_\_\_

**Current Medications** (please give dosage) \_\_\_\_\_

**Medical Illness** (such as high blood pressure) \_\_\_\_\_

**Previous Surgeries** (please list with dates) \_\_\_\_\_

## Review of Personal Health Systems

(please check any of the following conditions you have or are experiencing repeated symptoms)

<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Cancer	<input type="checkbox"/> Problems with Anesthesia
<input type="checkbox"/> Muscle/Bone/Joint Problems	<input type="checkbox"/> Hearing Loss/Ear Disease	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Nasal Obstruction to Breathing	<input type="checkbox"/> Difficulty Swallowing	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Easy Bruising	<input type="checkbox"/> Bleeding Disorders
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Thyroid/Endocrine Problems	
<input type="checkbox"/> Asthma/Shortness of Breath	<input type="checkbox"/> Snoring/Sleep Apnea	
<input type="checkbox"/> Heartburn/Reflux/Ulcers	<input type="checkbox"/> Eye Problems	

## Family History (please check any of the following conditions that prevail in your family)

<input type="checkbox"/> Heart Disease	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Cancer	<input type="checkbox"/> Hearing Loss
<input type="checkbox"/> Problems with Anesthesia		

Tobacco Use     Never     Occasionally     Regularly    \_\_\_\_\_ Packs/Day for \_\_\_\_\_ Years  
Alcohol Use     Never     Occasionally     Regularly     Excessive

# Audiology and Hearing Aid Center

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION - **PLEASE REVIEW IT CAREFULLY!**

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use your health information.

We may use and disclose your medical records only for each of the following purposes\*:

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your health insurance company for payment.
- Health care operations include the business aspects of running our practice, such as conducting quality assessments and improvement activities, auditing functions, cost-management analysis, and client service.

We may also create and distribute de-identified information by removing all references to identifiable information.

We may use or disclose protected health information to carry out treatment, payment, or health care operations in the following circumstances:

- In emergency situations
- If we are required by law to treat you
- We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you
- Communications with hearing aid manufacturers regarding your hearing or hearing devices

Any other use and disclosures will be made only with your written authorizations. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we may have already taken action relying on your authorization.

You may have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable request to receive confidential communications of protected health information from us by alternative means or alternative locations.
- The right to inspect and copy your protected health information
- The right to amend your protected health information
- The right to receive and accounting of disclosures of protected health information
- The right to obtain a paper copy of this notice from us upon request

We are required to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. You may request a written copy of the Notice of Privacy Practices from this office.

If you believe your privacy rights have been violated, you may make a complaint by contacting Cynthia Olsen, 1740 N. Milwaukee St., Ste. A, Boise, ID 83704, 208-658-0238, or by contacting the Secretary of the Department of Health and Human Services. No individual will be retaliated for filing a complaint.

**I have been offered or have received a copy of the Notice of Privacy for Audiology and Hearing Aid Center and I consent to allow my health information to be used for treatment, payment and healthcare operations. I understand that I have certain rights as presented in the Notice of Privacy. I request that payment of insurance benefits be made on my behalf to Audiology and Hearing Aid Center, Cynthia Olsen, Audiologist, and Spencer Lifferth, Audiologist, for services furnished to me. I also understand that a written report will be sent to my referring physician.**

---

PATIENT SIGNATURE

DATE