

Mid-South Pulmonary Specialists, P.C.
Sleep Center

Dear Patient:

You are scheduled to see one of our doctors at the Methodist Sleep Disorders Center located in the **White Station Tower at 5050 Poplar Avenue, Suite 300.**

Please complete the enclosed questionnaire and sleep diary and bring them with you. If you need assistance in completing these forms, please arrive at our office 15 minutes before your scheduled appointment and our staff will be happy to assist you.

We ask that you bring with you the following items:

- Any copay and/or any outstanding balance (we accept cash, check or credit card)
- All insurance information including referrals (if required by your insurance)

Please understand that we are a **SPECIALTY MEDICAL PRACTICE** and give all our patients quality medical care; therefore, you may experience a **LENGTHIER** wait than you are accustomed to. Please understand there will be a **\$20.00** fee for appointments not canceled 24 hours in advance.

If you have any questions or need to reschedule your appointment, please call us at (901)276-6507 between the hours of 8:00 a.m. and 4:30 p.m. We look forward to meeting you.

MID-SOUTH PULMONARY SPECIALISTS, P.C.
5050 POPLAR AVE., SUITE 800
MEMPHIS, TN 38157

SLEEP CENTER
PATIENT PROFILE

LAST NAME	M.I.	FIRST NAME	BIRTHDATE	SOCIAL SECURITY #
ADDRESS		CITY	STATE	ZIP CODE
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HOME PHONE #	CELL PHONE #	WORK PHONE #	NAME OF RESPONSIBLE PARTY	

RESPONSIBLE PARTY INFORMATION

RELATIONSHIP TO PATIENT _____

NAME: _____ EMPLOYER _____

ADDRESS _____ ADDRESS _____

CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

_____ WORK PHONE # _____

BIRTHDATE _____ SOCIAL SECURITY # _____

EMERGENCY CONTACT

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NAME	ADDRESS	PHONE #	RELATIONSHIP TO PATIENT
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REFERRAL INFORMATION:

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NAME OF REFERRING PHYSICIAN	PHONE #	RELATIONSHIP TO PATIENT
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INSURANCE INFORMATION

PRIMARY INS. NAME: _____	SECONDARY INS. CO _____
ADDRESS _____	ADDRESS: _____
PHONE # _____	PHONE # _____
POLICY # _____	POLICY # _____
GROUP # _____	GROUP # _____

FINANCIAL RESPONSIBILITY/AUTHORIZATION TO FILE INSURANCE.

THIS FORM APPLIES TO MEDICARE/MEDICAID BENEFITS, AND ANY OTHER INSURANCE BENEFITS INCLUDING SECONDARY BENEFITS.

I AUTHORIZE MEDICAL TREATMENT AS DEEMED NECESSARY BY PHYSICIANS OF MID-SOUTH PULMONARY SPECIALISTS. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AMOUNTS CHARGED FOR SERVICES. MID-SOUTH PULMONARY DOES NOT ACCEPT RESPONSIBILITY FOR COLLECTING INSURANCE CLAIMS OR NEGOTIATING A SETTLEMENT ON A DISPUTED CLAIM. I AGREE TO PAY ALL COSTS ASSOCIATED WITH COLLECTING SERVICES IN THE EVENT I FAIL TO PAY THE BALANCE DUE INCLUDING COLLECTION FEES, ATTORNEY AND COURT COSTS.

I REQUEST THAT PAYMENT OF AUTHORIZED MEDICARE/MEDICAID AND OTHER HEALTH INSURANCE BENEFITS BE MADE ON MY BEHALF. I AUTHORIZE ANY HOLDER OF MEDICAL INFORMATION ABOUT ME TO RELEASE TO CMS AND ITS AGENTS OR MY DESIGNATED INSURANCE COMPANY AND ITS AGENTS ANY INFORMATION NEEDED TO DETERMINE THESE BENEFITS OR THE BENEFITS PAYABLE FOR RELATED SERVICES. THIS AUTHORIZATION REMAINS IN EFFECT UNTIL I REVOKE IT IN WRITING.

I HAVE RECEIVED A COPY OF THE MID-SOUTH PULMONARY SPECIALISTS, P.C., NOTICE OF PRIVACY PRACTICES FOR HEALTH RELATED INFORMATION.

SIGNATURE

DATE



Infant Apnea Clinic Questionnaire
Methodist Healthcare Sleep Disorders Center

Child's Name: _____ **Age:** _____

Date of birth: _____ **Sex** _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Contact Information:

Telephone (home): _____

Mother's work or cell phone: _____

Father's work or cell phone: _____

Email contact (optional): _____

Child's Pediatrician or Primary Care Provider: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Telephone: _____

Who referred your child for evaluation?

_____ Pediatrician or primary care provider

_____ Parent initiated referral

_____ Pediatric specialist such as neonatologist, pulmonologist, neurologist, etc.

_____ Surgical specialist, such as ENT specialist

_____ Other(specify): _____

Please explain any concerns about your child's sleep:

Past Medical History

Birth weight: _____ Location (hospital): _____

Was your child born prematurely? _____

If so, what was the gestational age? _____

Was your child a "multiple" (please circle)? Singleton Twin Triplet

Were there complications during pregnancy labor or delivery (explain)? _____

Did your child require respiratory support with (check all that apply):

- Supplemental oxygen?
- Intubation/mechanical ventilation (breathing tube and machine)?
- Tracheostomy?

In the nursery did your child experience (check all that apply):

- Seizures?
- Intracranial hemorrhage?
- Hydrocephalus requiring a shunt?
- Birth asphyxia?
- Cardiopulmonary arrest?
- Meningitis or encephalitis?

Is your child currently on a home apnea monitor? Yes No

What are the current settings for apnea delay? _____
Heart rate limits? _____

How often are alarms occurring over the past two weeks? _____

When was the most recent alarm? _____

Is your child requiring stimulation or other intervention with any recent alarms (please describe)? _____

Does your child experience: (Mark yes or no)

Yes No

- Snoring during sleep?
- Gasping or snorting during sleep?
- Breathing problems during sleep?
- Periods of cessation of breathing during sleep?
- Restless sleep?
- Episodes of floppiness, loss of responsiveness, or sudden change in color?

Has your child had a previous sleep evaluation or sleep study (explain when and where)?

Describe where your child sleeps (check all that apply):

Own bedroom

Parent's bedroom

Bassinet

Baby bed

Parent's bed

Other (please describe): _____

In what position do you place your child to sleep?

Back

Side

Abdomen (stomach)

It varies

Does anyone in your home smoke? Yes No

Is your child exposed to cigarette smoke (circle)? Yes No

Is there a family history of SIDS (sudden infant death syndrome)? Yes No

If yes, please describe and use back if necessary

Does your child have any allergies to medications (explain)? _____

What medications is your child receiving on a routine basis?

1. _____

2. _____

3. _____

4. _____

“As needed medications” _____

Is your child being followed by a:

_____ Pulmonologist?

_____ Neurologist or child neurologist?

_____ Ear, Nose and Throat (ENT) specialist?

_____ Other specialist(s)? Specify: _____

Family History

Name(s)

Age

Sleep Problems or Disorders?

Parents:

Brothers/Sisters:

Grandparents:

PATIENT NOTICE OF PRIVACY PRACTICES FOR HEALTH RELATED INFORMATION

MID-SOUTH PULMONARY SPECIALISTS, P.C.

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

If you consent, Mid-South Pulmonary Specialists, P.C. is permitted by federal privacy laws to make uses and disclosures of your protected health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment and applying for future care or treatment. It also includes billing documents for those services.

EXAMPLES OF USES OF YOUR HEALTH INFORMATION FOR TREATMENT PURPOSES ARE:

- Nurse obtains treatment information about you and records it in a health record.
- After your appointment with the physician, the physician may call the primary care physician to report his findings and suggestions for treatment.

EXAMPLE OF USE OF YOUR HEALTH INFORMATION FOR PAYMENT PURPOSES.

- Mid-South Pulmonary Specialists, P.C. submits requests for payment to your health insurance company. The health insurance company requests information from us regarding your medical care given. We provide them with information regarding the treatment given to get paid for our services.

EXAMPLE OF USE OF YOUR INFORMATION FOR HEALTH CARE OPERATIONS.

- We may obtain services from business associates such as quality improvement, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We share information about you as necessary to obtain these services.

YOUR HEALTH INFORMATION RIGHTS!

The health and billing records we maintain are the physical property of Mid-South Pulmonary Specialists, P.C. You have the following rights with respect to your Protected Health Information.

- Request a restriction on certain uses and disclosures of your health information in writing to our office. We are not required to grant the request but will comply with any request granted.
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information by requesting one at our office.
- Right to inspect and copy your health and billing record. You may deliver the request in writing to our main location at 266 S. Cleveland, Ste 203, Memphis, TN, 38104. In the event the request for access is denied, you have the right to appeal to the Compliance Officer.
- Right to request your health care record be amended to correct incomplete or incorrect information by delivering a written request to our main office using the form provided upon request. Mid-South Pulmonary Specialists, P.C. is not required to make such amendments; you may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
- Right to receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our main office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.
- Right to confidential communication by requesting that communication of your health information is made by alternative means or at an alternative location by delivering the request in writing to our main office using the form we provide upon request.

If you want to exercise any of the above rights, please contact the Compliance Officer, Mid-South Pulmonary Specialists, P.C. in person or in writing, during normal business hours at the main office located at 266 S. Cleveland, Ste 203, Memphis, TN, 38104; or call (901) 276-2662. The Compliance Officer will provide you with assistance on the steps to take to exercise your rights.

YOU HAVE THE RIGHT TO REVIEW THIS NOTICE BEFORE SIGNING THE CONSENT AUTHORIZING USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS PURPOSES.

MID-SOUTH PULMONARY SPECIALISTS, P.C. RESPONSIBILITIES TO OUR PATIENTS!

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and

- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Accommodate your request for an accounting of disclosures.

Mid-South Pulmonary Specialists, P.C. reserves the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy or by visiting our office and picking up a copy.

TO REQUEST INFORMATION OR FILE A COMPLAINT

If you have questions, need additional information, or want to report a problem regarding the handling of your information, you may contact the Compliance Officer for Mid-South Pulmonary Specialists, P.C. at (901) 276-2662.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint to our office to the Compliance Officer. You may also file a complaint by mailing it to the Secretary of Health and Human Services.

WE CANNOT AND WILL NOT REQUIRE YOU TO WAIVE THE RIGHT TO FILE A COMPLAINT WITH THE SECRETARY OF HEALTH AND HUMAN SERVICES (HHS) AS A CONDITION OF RECEIVING TREATMENT FROM THE OFFICE.

WE CANNOT AND WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT WITH THE SECRETARY OF HEALTH AND HUMAN SERVICES (HHS).

OTHER USES AND DISCLOSURES

Patient Contact: We may contact you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

Communication with Family: Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Required by law: We may be required by law to report suspected abuse or neglect, or similar injuries and events.

Public Health Activities: As required by law, we may disclose vital statistics, diseases, or information related to recalls of

dangerous products to public health authorities, and similar information.

Health Oversight Agencies: We may be required to release your information to assist in investigations and audits, eligibility for government programs, and other reasons related to the administration of healthcare.

Judicial/Administrative Proceedings: We may disclose information in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose your protected health information when required by court order, or when law require reporting of wounds or other physical injury.

Deaths: We may report information regarding deaths to coroners, medical examiners, and funeral directors.

Research: We may use or disclose information for approved medical research.

Threat to Health and Safety: To avert a serious threat to health or safety, we may disclose your information consistent with applicable laws.

Government Functions: We may disclose your information as authorized by law for national security purposes, Armed Forces personnel, or public assistance program personnel.

Workers compensation: We may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Other Uses and Disclosures: For any disclosure not mentioned, we will ask for your written authorization before using or disclosing any identifiable health information about you. Any authorized disclosure may be evoked for any future uses and disclosures.

FOR ANY QUESTIONS, REQUESTS, OR COMPLAINTS PLEASE CONTACT:

**COMPLIANCE OFFICER
MID-SOUTH PULMONARY SPECIALISTS, P.C.
266 S. CLEVELAND, STE 203
MEMPHIS, TN 38104
(901) 276-2662**

EFFECTIVE DATE: MARCH 1, 2003