



Lake Murray OB GYN, LLC
1404 W. Main St. Ste 1
P.O. Box 1560
Lexington, SC 29072

Phone: 803-996-5550
Fax: 803-996-5520

PATIENT PACKET

To save you time at our office, please read over and fill out the forms on the following pages and bring them with you for your appointment.

If you have any questions, please call us at
803-996-5550



1404 W. MAIN ST. SUITE 1
Lexington, SC 29072
Phone 803-996-5550
Fax 803-996-5520

Acknowledgement of Receipt of Privacy Practices

This notice has been issued and considered effective on the date signed. We will keep this signed form on file for a minimum of six (6) years.

Signature of Patient/Representative and relationship to patient

Date

Signature of Practice Representative

Date

Date _____

LAKE MURRAY OB/GYN HISTORY QUESTIONNAIRE

Name _____ Birthday _____ SS# _____
Reason for today's visit _____

Who referred you to Lake Murray OB/GYN? _____ Who is your family doctor? _____
Current medications _____ Allergies _____ None
Contraception _____

OB/GYN HISTORY

1st day of last period _____ Are your periods regular? yes no How often? _____
How long do your periods last? _____ Do you have cramping? no mild moderate severe
Are your periods heavy? yes no Do you have problems with PMS? yes no
Do you have any problems with sexual intercourse? yes no
How many lifetime sexual partners have you had? less than 5 5 or more
Have you ever had a problem with STDs, vaginal or pelvic infections? yes no

How many times have you been pregnant? _____
How many full-term babies? _____
How many miscarriages/abortions have you had? _____
How many vaginal deliveries? _____
How old were you at your first pregnancy? _____
When was your last Pap Smear? _____
When was your last mammogram? _____

How many preterm babies? _____
How many living children? _____
How many Cesarean Sections? _____
Have you ever breast-fed? _____
Have you ever had an abnormal Pap? yes no

MEDICAL HISTORY

Do you have a history of any of the following conditions:

Bladder/Kidney Problems yes no
Blood/Anemia Problems yes no
Psychiatric Problems yes no
Cancer yes no
Diabetes yes no
Heart Disease yes no
Lung Problems yes no
High Blood Pressure yes no
Thyroid Problems yes no

If "yes" to any of these, please explain _____
If you have any other medical problems, please list _____
Please list date and reason for any past hospitalizations _____

SURGICAL HISTORY

Have you ever had any surgeries? yes no Any complications? yes no
If "yes," please list all procedures and the dates of procedures _____

FAMILY HISTORY

Does anyone in your family have any of the following:

Blood/Clotting problems? yes no
Who? _____
High Blood Pressure yes no
Who? _____
Cancer yes no
Who? _____
Diabetes yes no
Who? _____
Heart Disease yes no
Who? _____
Anesthesia Problems yes no
Who? _____
Stroke yes no
Who? _____

SOCIAL HISTORY

Do you smoke? yes _____ # packs per day no
Do you drink alcohol? yes _____ # drinks per week no
Do you use any recreational drugs? yes _____ type no



Stacy L. Smithson, MD, FACOG

Lake Murray OBGYN Payment Policy

We welcome you to our practice! We want to let you know about our payment policies for the practice. If you have a copay amount for each visit this must be paid prior to your appointment. You must supply us with a valid insurance card for us to file your insurance claim. If you do not have this information available at your visit today, you may either reschedule your appointment or make payment in full for today's appointment.

If you are having surgery and have a deductible for surgery this will need to be paid prior to surgery. We do request that if you have co-insurance balance after surgery that this is paid in 3-6 months time. After 90 days any balance will start being charged an interest charge of 10%. We will be glad to work with you to set up payments for this balance. If you fail to call or make a payment during this time the balance will be due in full immediately.

If you are having a baby with our practice, we will contact your insurance carrier and find out what your portion of expense will be for the pregnancy and delivery of your baby. (This does not include ultrasounds or other testing) We will then divide that amount over the months left in your pregnancy so that the amount is paid in full prior to delivery.

Any patient balance older than 90 days (after insurance payment) will start accruing an interest charge of 10% monthly. If you have any questions about this policy, please contact our Office Manager, Harriet Oster. She will be glad to assist you in any questions that you may have regarding the policy.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW LAKE MURRAY OB/GYN MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Lake Murray OB/GYN is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by Lake Murray OB/GYN or received by Lake Murray OB/GYN from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. Lake Murray OB/GYN will abide by the terms of this Notice, or the Notice currently in effect at the same time of the use or disclosure of your protected health information.¹

Lake Murray OB/GYN reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

Uses and Disclosures of Your Protected Health Information not Requiring Your Consent

Lake Murray OB/GYN may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

Treatment may include:

- Providing, coordination, or managing healthcare and related services by one or more healthcare providers;
- Consultations between healthcare providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals to nursing homes, foster care homes, or home health agencies.

For example, Lake Murray OB/GYN may determine that you require the services of a specialist. In referring you to another doctor, Lake Murray OB/GYN may share or transfer your healthcare information to that doctor.

Payment activities may include:

- Activities undertaken by Lake Murray OB/GYN to obtain reimbursement for services provided to you;
- Determining your eligibility for benefits or health insurance coverage;
- Managing claims and contacting your insurance company regarding payment;
- Collection activities to obtain payment for services provided to you;
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;
- Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, Lake Murray OB/GYN will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

Healthcare operations may include:

- Contacting healthcare providers and patients with information about treatment alternatives;
- Conducting quality assessment and improvement activities;
- Conducting outcomes evaluation and development of clinical guidelines;
- Protocol development, case management, or care coordination;
- Conducting or arranging for medical review, legal services, and auditing functions.

For example, Lake Murray OB/GYN may use your diagnosis, treatment, and outcome information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients in similar situations.

Lake Murray OB/GYN may contact you, by telephone or mail, to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders.

We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when Lake Murray OB/GYN is permitted or required to use or disclose your protected health information without your consent or authorization. Examples include the following:

- As permitted or required by law.
In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime. Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises.
- For public health activities.
We may release health care records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency. We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or persons when there has been or will be risk of exposure. We may report to the state epidemiologist the name of any person known to have been significantly exposed to a patient who tests positive for HIV. We are required by law to report suspected child abuse and neglect and suspected abuse of an unborn child, but cannot disclose HIV test results in connection with the reporting or prosecution of alleged abuse or neglect. We may release healthcare records, including treatment records and HIV test results, to the Food

¹This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520, and applicable Wisconsin healthcare privacy laws.

and Drug Administration when required by federal law. We may disclose healthcare records, except for HIV test results, for the purpose of reporting elder abuse or neglect, provided the subject of the abuse or neglect agrees, or if necessary to prevent serious harm. Records may be released for the reporting of domestic violence if necessary to protect the patient or community from imminent and substantial danger.

- For health oversight activities.
We may disclose healthcare records, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. HIV test results may not be released to federal or state governmental agencies, without written permission, except to the state epidemiologist for surveillance, investigation, or to control communicable diseases.
- Judicial and Administrative Proceedings.
Patient healthcare records, including treatment records and HIV test results, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all healthcare records except for HIV test results.
- For activities related to death.
We may disclose patient healthcare records, except for treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death. HIV test results may be disclosed under certain circumstances.
- For research.
Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.
- To avoid a serious threat to health or safety.
We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, including treatment records and HIV test results, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.
- For workers' compensation.
We may disclose your health information to the extent such records are reasonable related to any injury for which workers compensation is claimed.

Lake Murray OB/GYN will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that Lake Murray OB/GYN has taken action in reliance thereon. Any revocation must be in writing.

Your Rights Regarding Your Protected Health Information

You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information by Lake Murray OB/GYN to carry out treatment, payment, or healthcare operations. You must request such a restriction in writing. We are not required to agree to your request, but if we do agree, we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain healthcare information.

You have the right to review and/or obtain a copy of your healthcare records, with the exception of psychotherapy notes, or information compiled for use (or in anticipation for use) in a civil, criminal, or administrative action or proceeding. Lake Murray OB/GYN may deny an access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records.

You may request that Lake Murray OB/GYN send protected health information, including billing information, to you by alternative means or to alternative locations. You may also request that Lake Murray OB/GYN not send information to a particular address or location or contact you at a specific location, perhaps your place of employment. This request must be submitted in writing. We will accommodate reasonable requests by you.

You have the right to request that Lake Murray OB/GYN amend portions of your healthcare records, as long as such information is maintained by us. You must submit this request in writing, and under certain circumstances the request may be denied.

You may request to receive an accounting of the disclosures of your protected health information made by Lake Murray OB/GYN for the six years prior to the date of the request, beginning with disclosures made after April 14, 2003. We are not required, however, to record disclosures we make pursuant to a signed consent or authorization.

You may request and receive a paper copy of this Notice, if you had previously received or agreed to receive the Notice electronically.

Any person or patient may file a complaint with Lake Murray OB/GYN and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with Lake Murray OB/GYN, please contact the Privacy Officer at the following:

Harriet Oster (803) 996-5550
Lake Murray OB/GYN
1404 West Main St., Ste. 1, Lexington, SC 29072

It is the policy of Lake Murray OB/GYN that no retaliatory action will be made against any individual who submits or conveys a complaint or suspected or actual non-compliance or violation of the privacy standards.

This Notice of Privacy Practices is effective April 14, 2003.