

St. Mary's Occupational Medicine

Registration Information

Patient Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

DOB: _____ SS#: _____ Sex: M F

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Phone: (____) _____ Contact: _____

Disclosures for Workers' Compensation Purposes [45 CFR 164.512(1)]

Background

The HIPPA Privacy Rule does not apply to entities that are either workers' compensation insurers, workers' compensation administrative agencies or employers, except to the extent they may otherwise be covered entities. However, these entities need access to the health information of individuals who are injured on the job or who have a work-related illness to process or adjudicate claims, or to coordinate care under workers compensation systems. Generally, this health information is obtained from health care providers who treat these individuals and who may be covered by the Privacy Rule. The Privacy Rule recognized the legitimate need of insurers and other entities involved in the workers' compensation systems to have access to individuals' health information as authorized by State or other law. Due to the significant variability among such laws, the Privacy Rule permits disclosures of health information for workers' compensation purposes in a number of different ways.

Radiology Procedures

I understand that any diagnostic x-ray procedures performed for my current injury will be viewed by the Occupational Medicine provider and discussed with me. X-rays are sent to St. Mary's Medical Center for a radiologist's interpretation. If findings differ from the providers' opinion, I understand that I will be notified.

Consent/Release of Information/HIPAA Notification

I hereby grant my permission to the Occupational Medicine staff to perform upon me all tests and procedures deemed necessary by my employer or the St. Mary's Occupational Medicine providers. I understand that the information pertaining to my past medical history, injury, illness, results of my physical examination, and/or any test results may be released to the company for whom I work, its insurance carriers, and consulting health care providers, and I consent to the release.

I have been offered a copy of the "Notice of Privacy Practices."

Patient Signature

ST. MARYS OCCUPATIONAL MEDICINE

It is our clinic preference for family members to refrain from going back to the exam room with the patient when the provider is doing their assessment. Family members, if requested, will be notified after the assessment and may go back to the exam room with the patient. At that time, an opportunity will be given to ask and answer questions.

Patient Initials _____ Date _____