Hyndman Family Health Center
144 5th Avenue
Hyndman, PA 15545
814.842.3206 (P)
814.842.3746 (F)

Bedford Family Health Center
104 Railroad Street
Bedford, PA 15522
814.263.5804 (P)
814.842.3746 (F)

Richland Family Health Center
214 College Park Plaza Suite 208
Johnstown, PA 15904
814.842.3206 (P)
814.842.3746 (F)

Patient Registration Information Forms

PATIENT'S NAME (PLEASE INCLUDE NAME SUFFIX IF APPLICABLE)			
LAST	FIRST	MIDDLE	MAIDEN OR SUFFIX

ADDRESS			
PO BOX/STREET	ZIP CODE	CITY	STATE

HOME PHONE NUMBER	CELL PHONE NUMBER	SOCIAL SECURITY NUMBER	SEX (CIRCLE ONE) MALE FEMALE

EMAIL ADDRESS:	RACE (CIRCLE ONE) WHITE BLACK/AFRICAN AMERICAN AMERICAN INDIAN ALASKA NATIVE ASIAN PACIFIC ISLANDER UNREPORTED/REFUSED

MARITAL STATUS (CIRCLE ONE) SINGLE MARRIED WIDOWED DIVORCED SEPARATED	BIRTHDATE	ETHNICITY (CIRCLE ONE) HISPANIC LATINO OTHER UNREPORTED/REFUSED

ALLERGIES (PLEASE CIRCLE ONE): YES NO **IF YES, PLEASE LIST**:	VETERAN (CIRCLE ONE) YES NO

EMERGENCY CONTACT INFORMATION			
CONTACT NAME	RELATIONSHIP	HOME PHONE NUMBER	CELL PHONE NUMBER
SECOND CONTACT NAME	RELATIONSHIP	HOME PHONE NUMBER	CELL PHONE NUMBER
RESPONSIBLE PARTY (Required if patient is under age 18)		DATE OF Birth	SOCIAL SECURITY NUMBER

NOTIFICATION AUTHORIZATION

This is to obtain your preference for notification of lab and x-ray results or regarding information about medications (please check in the appropriate area)

( )1. Try to contact me by telephone, but if you do not reach me directly, **do not** leave any type of message on the answering machine or with person answering the telephone

( )2. If you do not reach me directly, by telephone, HAHC may leave actual results on answering machine or with person answering the telephone

( )3. I would like to make other arrangement (please specify):

____

____

____

PATIENT'S EMPLOYMENT INFORMATION			
OCCUPATION		EMPLOYER'S NAME	
EMPLOYER'S ADDRESS			
STREET	ZIP CODE	CITY	STATE
EMPLOYER'S PHONE NUMBER			

GUARANTOR/PRIMARY INSURANCE CARDHOLDER'S INFORMATION			
LAST NAME	FIRST NAME	MIDDLE	BIRTHDATE
SOCIAL SECURITY NUMBER	OCCUPATION		SEX (CIRCLE ONE) MALE FEMALE
GUARANTOR'S EMPLOYER NAME		EMPLOYERS' PHONE NUMBER	
GUARANTOR'S EMPLOYER ADDRESS			
PO BOX/STREET	ZIP CODE	CITY	STATE

MEDICAL INSURANCE INFORMATION			
PRIMARY INSURANCE NAME	POLICY NUMBER	GROUP NUMBER	INSURANCE PHONE NUMBER
INSURANCE STREET ADDRESS	ZIP CODE	CITY	STATE
SECONDARY INSURANCE NAME	POLICY NUMBER	GROUP NUMBER	INSURANCE PHONE NUMBER

DENTAL INSURANCE INFORMATION (if applicable)			
PRIMARY INSURANCE NAME	POLICY NUMBER	GROUP NUMBER	INSURANCE PHONE NUMBER
INSURANCE STREET ADDRESS	ZIP CODE	CITY	STATE

PRESCRIPTION INSURANCE INFORMATION (if applicable)			
PRIMARY INSURANCE NAME	POLICY NUMBER	GROUP NUMBER	INSURANCE PHONE NUMBER
INSURANCE STREET ADDRESS	ZIP CODE	CITY	STATE
SECONDARY INSURANCE NAME	POLICY NUMBER	GROUP NUMBER	INSURANCE PHONE NUMBER

PATIENT'S PHARMACY INFORMATION			
PHARMACY NAME		PHARMACY TELEPHONE NUMBER	
ADDRESS:	ZIP CODE	CITY	STATE
This information is required as HAHC submits prescriptions electronically.			

Income Verification			
HAHC offers a sliding fee scale based on income and family size to all patients. To see if you will qualify please complete the following. **Proof of income will be required before receiving the sliding fee discount.**			
Your Family Size and Income – first find and circle your family size, then go across that line, find and check the annual income range for your family.			
Family size 1 person:	☐ $0 - $11,670	☐ $11,671 - $23,340	☐ $23,341 & above
Family size 2 people:	☐ $0 - $15,730	☐ $15,731 - $31,460	☐ $31,460 & above
Family size 3 people:	☐ $0 - $19,790	☐ $19,791 - $39,580	☐ $39,581 & above
Family size 4 people:	☐ $0 - $23,850	☐ $23,851 - $47,700	☐ $47,701 & above
Family size 5 people:	☐ $0 - $27,910	☐ $27,911 - $55,820	☐ $55,821 & above
Family size 6 people:	☐ $0 - $31,970	☐ $31,971 - $63,940	☐ $63,941 & above
Family size 7 people:	☐ $0 - $36,030	☐ $36,031 - $72,060	☐ $72,061 & above
Family size 8 people:	☐ $0 - $40,090	☐ $40,091 - $80,180	☐ $80,180 & above

How did you hear about the health center (please circle):

- Friend or Family Member
- Newspaper or advertising
- Insurance company
- Doctor referral
- Other (please list) ____

CONSENT, ASSIGNMENT AND RELEASE

1. I ______________________ give permission for Hyndman Area Health Center, Inc. to give me treatment.
(patient name)

2. I request that payment of authorized benefits is made on my behalf to the Hyndman Area Health Center, Inc. for any services rendered to me by their medical and/or dental providers. I authorize Hyndman Area Health Center, Inc. to release medical and/or dental information to my current insurance company and its agents to determine these benefits or the benefits payable for related services.

I understand that:

- Hyndman Area Health Center will have to send my health information to my insurance company.
- I must pay my share of the costs when I receive my treatment.
- I must pay for the cost of these services if my insurance does not pay after 90 days or if I do not have insurance.

3. I understand:

- I have the right to refuse any procedure or treatment.
- I have the right to discuss all medical treatments with my provider.
- I may request a copy of HAHC's Notice of Privacy Practice at any time.

4. I have read the consent to treat or have had this consent read to me.

5. I have been able to ask questions and my questions were fully answered.

______________________________________ ____________
Patient's Signature Date

______________________________________ ____________
Parent or Guardian Signature Date
(for children under 18)

____
Print Name

Updated April 2014

PATIENT MEDICAL HISTORY

Name:________________________

Primary Care Physician: ________________________ Phone #: ____________ Date of Last Exam: _________

Have you ever been told you have one of the following? Check only if answer is yes.

____ Heart Disease
____ Heart Attack
____ Heart Murmur
____ Chest Pain – Angina
____ Congenital Heart Defect
____ Rheumatic Fever
____ High Blood Pressure
____ Low Blood Pressure
____ Stroke
____ Thyroid Disease
____ Stomach Ulcer
____ Mitral Valve Prolapse
____ Sexually Transmitted Disease

____ Anemia
____ Bleeds Easily
____ Fainting/Seizures
____ Epilepsy/Convulsions
____ Arthritis
____ Joint Replacement/Implant
____ Liver Disease
____ Hepatitis
____ Jaundice
____ Glaucoma
____ Leukemia
____ AIDS/HIV
____ Kidney Disease

____ Asthma
____ Shortness of Breath
____ Swollen Ankles
____ Hay Fever/Allergies
____ Emphysema
____ Recent Weight Loss
____ Diabetes
____Cancer
____ Radiation Therapy
____ Psychiatric Treatment
____ Other _____________
____
____

YES NO
___ ___ 1. Are you under medical treatment now? Why: ____
___ ___ 2. Have you ever had any other serious illness not listed above? What: _______________________________
___ ___ 3. Are you currently taking any medications? What: ____
___ ___ 4. Have you ever had a bad reaction to local anesthetic or penicillin? What: __________________________
___ ___ 5. Do you use tobacco? ____
___ ___ 6. Do you use Alcohol, Cocaine or other drugs? What: ____
___ ___ 7. Women Only: Are you pregnant or think you may be pregnant? What month: _____________________
Are you taking birth control pills? ____

PATIENT DENTAL HISTORY

What is your reason for seeking care at this time: ____
Do you have regular dental checkups? When was your last dental exam: _______________________________________
Do you have any pain or discomfort now? What: ____
Do your gums bleed? ________________ Have you had surgery performed on your gums? _____________________
Have you ever had a root canal? _________ Have you ever worn braces? ________ Do you wear Dentures? ______
Do you grind your teeth? ______________ Have you ever had any trauma to your face or mouth? _______________
Do you floss? How often: _______________ How many times a day do you brush your teeth? __________________

I certify that I have read and understand the above information. To the best of my knowledge, the above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health.

I also understand that I am responsible for any account balance and payment in full is expected at time of service, unless prior arrangements have been made. As a courtesy to our patients, your insurance claims will be completed for you. However, Insurance is between you and your insurance company. You are still responsible for any unpaid or denied claims.

All information is HIPPA compliant and will only be disclosed for medical or dental treatment.

____ Date: ___________________________
Signature of Patient/Parent or Guardian

Date:	
Patient Name:	Date of Birth:

MESSAGE AUTHORIZATION

If we need to contact your, may we leave a message at your:

Home Telephone Number Yes ____ No____ (   ) ________________

Cell Phone Number Yes ____ No____ (   ) ________________

Employer Phone Number Yes ____ No____ (   ) ________________

REQUEST FOR SPECIAL PERMISSION

I understand that my physician may use or disclose my protected health information (PHI) for the purpose of treatment, payment and health care operations. My physician may also disclose information to someone involved in my care or the payment for my care, such as a family member or friend.

I hereby permit HAHC to disclose this information to the following people:

Persons Name	**Relationship to Patient**

Comments or special instructions

____ ________________

Signature of patient or his/her authorized representative Date

Patient Bill of Rights

- To receive quality medical and dental care regardless of your age, sex, religion, national origin, sexual preference, disability, health status or ability to pay.
- To be treated with respect by Hyndman Area Health Center.
- To information contained in your medical record. You also have the right to participate in decisions involving your health care.
- To personal privacy. Any discussion, consultation, examination and/or treatment regarding your care will be done discreetly.
- To confidentiality of your medical record and other information related to your medical condition.
- To be seen in a safe and clean environment.
- To have special needs met, such as an interpreter to help with communication.
- To appoint a person to make health care decisions on your behalf in the event you lose the ability to do so.
- To make advance directives regarding your medical care and have them honored.
- To file a complaint about your care without fear of penalty, to have your complaint reviewed, and when possible, resolved.

Your responsibilities as a Patient are:

- To provide, to the best of your knowledge, complete information about your symptoms, past illnesses, medications and other matters relating to your plan of care.
- To schedule and keep doctor/dentist appointments, or call to cancel your appointment if you cannot be there.
- To notify the Network of any changes in address, family members or insurance coverage (provide a current copy of insurance card).
- To ask questions when you do not understand explanations about your care or services.
- To be responsible for your actions if you refuse treatment or do not follow your physician's/dentist's instructions.
- To follow the organization's policies.
- To be courteous and considerate of Hyndman Area Health Center personnel and other patients.

October 2013

What is a Federally Qualified Health Center?

- **A Federally Qualified Health Center is a partnership between patients, the government, and communities that work together to best meet health care needs.**
  - They constitute a vital safety net in the nation's health delivery system that works to meet escalating health needs, reduce health disparities, and bring doctors and health services into medically underserved areas. Today this growing nationwide network of over 1,200 Health Centers serve more than 18 million people at 7,000 urban and rural communities in all 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands.

- **Federally Qualified Health Centers fill critical gaps in health care by serving the working poor, the uninsured, and the medically underserved as well as many other high-risk and vulnerable populations.**
  - Federally Qualified Health Centers serve as family medicine providers to one of every 7 uninsured persons, one of every 6 low-income Americans, and one of every 7 rural Americans who otherwise would lack access to health care. In addition, health centers and their innovative programs in primary care and prevention reach out to more than 600,000 homeless persons and 700,000 migrant and seasonal farm workers.

- **Federally Qualified Health Centers are built by community initiatives. Federal grants provide money which empowers communities to recruit providers and other health professionals. These federal grants also help communities to build their own points of entry into the nation's health care delivery system.**
  - Federal grants constitute an average 25 percent of a Health Center's budget. The remainder is leveraged from state and local governments, Medicare and Medicaid, private contributions, private insurance, and patient fees. Medicaid is the largest source of revenue averaging 35 percent of total revenue.

- **Federally Qualified Health Centers make a large contribution to communities by keeping the doors of health care open to all who seek their care.**
  - It is estimated that Health Centers save the health system and American taxpayers seven billion dollars per year by keeping people healthy and out of costly hospital and emergency room visits. Patients are charged on a sliding fee scale to ensure that income or lack of insurance is not a barrier to care. The Health Center approach is aimed at lowering the costs of disease through accessible and affordable primary care and prevention.

- **Federally Qualified Health Centers are community driven and patient centered.**
  - Health Centers tailor services to fit the special needs and priorities of their communities. Serving high-risk and vulnerable populations, Centers integrate the delivery of primary care with patient outreach, education, translation, and support services to make health care responsive and cost effective. Their innovative programs are designed to ensure that patients have access not only to medical treatment but a continuum of coordinated care and vital support services that can lead to positive health outcomes and healthier behaviors and lifestyles.

- ***Federally Qualified Health Centers enable communities and their residents to make health and disease prevention a priority.***
  - Health Centers interact with schools, businesses, community organizations, foundations, and state and local governments. They bring communities together in the effort to develop locally responsive strategies that can effectively meet special needs and address costly and devastating health problems which include substance abuse, domestic violence, infant mortality, homelessness, and AIDS. They are strong partnerships that join the public and private sectors to support community initiatives for better health.

- **Federally Qualified Health Centers hold high standards of accountability for patient care and effective use of public and private funds.**
  - Governed by volunteer consumer boards comprised of patients and civic leaders, Health Centers ensure that care is patient-centered and responsive to diverse cultures and needs within the communities served.

- **Federally Qualified Health Centers allow for cost savings within their communities and the nation.**
  - Health Centers significantly increase the use of preventive health services such as immunizations, Pap smears, mammograms, and glaucoma screenings. In addition, Health Centers save the Medicaid program at least 30 percent in annual spending for its beneficiaries due to reduced specialty care referrals and fewer hospital admissions. It is estimated that Health Centers save almost 3 billion dollars annually in combined federal and state Medicaid expenditures.

- **Federally Qualified Health Centers are vital mainstays in America's communities.**
  - Health Centers contribute to the health and well-being of their communities by keeping children healthy and helping adults remain productive and on the job. They recruit and train health professionals for service in rural and medically underserved areas. Likewise, Health Centers provide jobs for 70,000 individuals, most of who are community residents, and engage citizen participation and involvement. Moreover, Health Centers are engines of economic development in their communities spending nearly 6 billion dollars a year, with combined payrolls exceeding 4 billion dollars and generating more than 20 billion dollars in economic output for low-income communities across the nation.

America's Federally Qualified Health Centers have produced a model of health care that has demonstrated that this nation can meet compelling health needs while decreasing health care costs. The Health Center legacy proudly shows the value and vast potential of a community-based health system that is lifting the barriers to health care, safeguarding health, revitalizing communities, and keeping people healthy at cost savings for the nation.