IMMIGRATION APPOINTMENT INFORMATION

- **The following test must be completed within 90 days of your appointment date:**
  1. VDRL OR RPR (Syphilis) Age 15 years and older
  2. Quantiferon (TB Test) Age 2 years and older
  3. Chest X Ray, 2 views (**ONLY** if TB test is positive or positive for HIV)
  4. Gonorrhea Age 15 and older

- The immunizations that are required are attached. We **MUST have PROOF** that you have had these or you will need to get the blood test done to see if you are immune. You can also look these up at USCIS.gov.
- We give the following immunizations at this office (Prices subject to change without notice):

  Tdap - $55.00

  Influenza vaccine – $65.00

  Pneumonia Vaccine - $95.00 (65 Years and older)
- All other immunizations will have to be done at the Health Dept. or an urgent care or any medical facility, as long as we get documented proof.

- The following labs can be done at this office Mon – Fri between 8:00 am and 9:00 am (Prices subject to change without notice):

  Varicella Titer – $20.00

  MMR Titer - 65.00

  Quantiferon - $60.00

  Gonorrhea Urine Screen - $30.00

  RPR Screening – $10.00
- All testing and vaccines **must** be paid **before** receiving, either **Cash or Credit Card**.

- We will need a **PICTURE ID**, either your Passport or a Driver's License.
- You will also need to bring us an **I-693 form**. Please make sure it is current.
- After we receive all testing and proof of immunizations, we will schedule your Exam, the cost for this is **$200.00**, to be paid with **Cash or Credit Card**, the day of your appointment.

- **On the day of your appointment:**
- If you need a **translator**, they **must** be with you and **stay** with you during the exam! **No exceptions!!!** You will not be able to have your exam completed if they do not come and stay with you!
- We will collect payment for the **exam $200**, Please bring **correct change or a credit card**. We do not accept checks. We do not file Insurance!
- When your exam is complete, we will give you your forms in a **sealed envelope – DO NOT OPEN!!!** We will also give you a copy.

THANK YOU FOR CHOOSING CRIMSON INTERNAL MEDICINE!

1015 Rice Valley Road, North • Tuscaloosa, Alabama 35406
Phone: 205-349-1606 • Fax: 205-349-3263
www.crimsoninternalmed.com

Patient Information for Immigration Physical

Patients Full Name

____

Last First Middle

____

Street City State Zip

Phone # Home: ________________ Business: ________________ Cell: ________________ Cell Carrier: ______________

Email:___________________________ Would you like to receive appointment reminders by Text? Y or N Email? Y or N

Birthdate: ________________ Sex: M F Ethnicity: ___________ Marital Status: M S D W Race:____________________
Month/day/year

Social Security # ______________________ Drivers License # ____________________ Primary Language:_________________

Country of Birth: _______________________________

NOTICE OF PRIVACY PRACTICES CRIMSON INTERNAL MEDICINE, LLC

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.

This Notice is effective as of January 1, 2016

We are required by law to maintain the privacy of protected health information, and must inform you of our privacy practices and legal duties. You have the right to obtain a paper copy of this Notice upon request

We are required to abide by the terms of the Notice of Privacy Practices that is most current. We reserve the right to change the terms of the Notice at any time. Any changes will be effective for all protected health information that we maintain. The revised Notice will be posted in the waiting room. You may request a copy of the revised Notice at any time.

We have designated a Privacy Officer to answer your questions about our privacy practices and to ensure that we comply with applicable laws and regulations. The Privacy Officer also will take your complaints and can give you information about how to file a complaint.

Our Privacy Officer is **Sharon Gilliland.** You can contact the Privacy Officer at **205-349-1606.**

Use and disclosure of your protected health information that we may make to carry out treatment, payment, and health care operations.

We may use information in your record to provide treatment to you. We may disclose information in your record to help you get health care services from another provider, a hospital, etc. For example, if we want an opinion about your condition from a specialist, we may disclose information to the specialist to obtain that consultation.

We may use or disclose information from your record to obtain payment for the services you receive. For example, we may submit your diagnosis with a health insurance claim in order to demonstrate to the insurer that the service should be covered.

We may use or disclose information from your record to allow "health care operations." These operations include activities like reviewing records to see how care can be improved, contacting you with information about treatment alternatives, and coordinating care with other providers. For example, we may use information in your record to train our staff about your condition and its treatment.

Your rights

You may ask us to restrict the use and disclosure of certain information in your record that otherwise would be allowed for treatment, payment, or health care operations. However, we do not have to agree to these restrictions.

You have a right to receive confidential communications from us. For example, if you want to receive bills and other information at an alternative address, please notify us.

You have a right to inspect the information in your record, and may obtain a copy of it. This may be subject to certain limitations and fees. Your request must be in writing.

If you believe information in your record is inaccurate or incomplete, you may request amendment of the information. You must submit sufficient information to support your request for amendment. Your request must be in writing.

You have the right to request an accounting of certain disclosures made by us.

You have the right to complain to us about our privacy practices (including the actions of our staff with respect to the privacy of your health information). You have the right to complain to the Secretary of the Department of Health and Human Services about our privacy practices. You will not face retaliation from us for making complaints.

Except as described in this Notice, we may not make any use or disclosure of information from your record unless you give your written authorization. You may revoke an authorization in writing at any time, but this will not affect any use or disclosure made by us before the revocation. In addition, if the authorization was obtained as a condition of obtaining insurance coverage, the insurer may have the right to contest the policy or a claim under the policy even if you revoke the authorization.

Use or disclosure of your protected health information that we are <u>required</u> to make without your permission

In certain circumstances, we are required by law to make a disclosure of your health information. For example, state law requires us to report suspected child abuse or neglect. Also, we must disclose information to the Department of Health and Human Services, if requested, to prove that we are complying with regulations that safeguard your health information.

Use or disclosure of your protected health information that we are <u>allowed</u> to make without your permission

There are certain situations where we are allowed to disclose information from your record without your permission. In these situations, we must use our professional judgment before disclosing information about you. Usually, we must determine that the disclosure is in your best interest, and may have to meet certain guidelines and limitations.

If you receive mental health care, including treatment for substance abuse, information related to that care may be more protected than other forms of health information. Communications between a psychotherapist and patient in treatment are privileged and may not be disclosed without your permission, except as required by law. For example, psychotherapists still must report suspected child abuse, and may have to breach confidentiality if you appear to pose an imminent danger to yourself or others, in order to reduce the likelihood of harm to you or others.

We may use or disclose information from your record if we believe it is necessary to prevent or lessen a serious and imminent threat to the safety of a person or the public. We may report suspected cases of abuse, neglect, or domestic violence involving adult or disabled victims.

We may report births and deaths to public health authorities, as well as certain types of diseases, injuries, adverse drug reactions, and product defects. We may disclose information from your record to a medical examiner or coroner. We may disclose information to funeral directors to allow them to carry out their duties upon your death. We may disclose information from your record to facilitate organ, eye, or tissue donation and transplantation

We may assist in health oversight activities, such as investigations of possible health care fraud

We may disclose information from your record as authorized by workers' compensation laws.

We may disclose information from your record if ordered to do so by a court, grand jury, or administrative tribunal. Under certain conditions, we may disclose information in response to a subpoena or other legal process, even if this is not ordered by a court.

We may disclose information from your record to a law enforcement official if certain criteria are met. For example, if such information would help locate or identify a missing person, we are allowed to disclose it.

If you tell us that you have committed a violent crime that caused serious physical harm to the victim, we may disclose that information to law enforcement officials. However, if you reveal that information in a counseling or psychotherapy session, or in the course of treatment for this sort of behavior, we may not disclose the information to law enforcement officials.

We may use or disclose information from your record for research under certain conditions.

Under certain conditions, we may disclose information for specialized government purposes, such as the military, national security and intelligence, or protection of the President.

We may contact you to provide appointment reminders as a courtesy. However, you are responsible for remembering your appointment.

We may contact you with information about treatment alternatives or other health-related benefits or services that may be of interest to you.

RECEIPT OF NOTICE OF PRIVACY PRACTICES
CRIMSON INTERNAL MEDICINE, LLC

PLEASE COMPLETE THE FIRST SECTION ONLY

Patient ____

Given to patient on: __________ Version/Effective Date: 01/01/2016

______________________________ ______________
Signature of Patient or Personal Representative Date

Relationship of Personal Representative to the Patient: ______________________________

Modified version given: __________ Version/Effective Date: ______________

______________________________ ______________
Signature of Patient or Personal Representative Date

Relationship of Personal Representative to the Patient: ______________________________

Modified version given: __________ Version/Effective Date: ______________

______________________________ ______________
Signature of Patient or Personal Representative Date

Relationship of Personal Representative to the Patient: ______________________________