



Southeastern Retina Associates, P.C.
Diseases and Surgery of the Retina and Vitreous
7268 Jarnigan Road, Suite 300, Chattanooga TN, 37421
Phone: 423-756-1002

PLEASE COMPLETE ALL THE ENCLOSED INFORMATION BEFORE ARRIVING FOR YOUR APPOINTMENT AND PRESENT IT TO THE RECEPTIONIST (please do not mail). YOU WILL BE DILATED AT EVERY VISIT THEREFORE IT IS ALWAYS RECOMMENDED THAT YOU BRING A DRIVER.

Dear Patient:

We would like to welcome you to Southeastern Retina Associates. Please visit our website www.tennesseeeretina.com for more information about our practice, physicians, and various locations in Tennessee and surrounding states.

Thorough retinal evaluation requires that you spend more time in our office than would be necessary for a general eye examination. Collection of medical information and a variety of tests must be performed both before and after dilation of the pupils. You therefore have TWO (2) appointment times: one *before dilation* and one *after dilation*. Adequate time must be available for both exams if we are to serve you well. If the first examination is not completed at the scheduled time there is no time left for the second exam.

Please remember that traffic and parking can add to delays at the Erlanger office and to allow for additional travel time at this location. If you discover that you are going to be late please call as soon as possible to see whether time will be available to proceed with the examination or whether it needs to be rescheduled.

Should you arrive late it may be necessary to reschedule your appointment so as not to compromise the quality of your care. We do understand that unforeseeable delays may occur. We will try to accommodate the occasional patient who is late, but this may not always be possible without depriving other patients of their own scheduled appointment times.

Thank You

APPOINTMENT DATE: _____

ARRIVAL TIME FOR WORK-UP AND DILATION: _____

YOUR DOCTOR APPOINTMENT TIME WILL BE 30 MINUTES AFTER YOUR ARRIVAL TIME.

___ JARNIGAN MEDICAL CENTER

___ ERLANGER MEDICAL CENTER

___ CLEVELAND

___ DALTON

___ FORT PAYNE

Medical History Questionnaire

Please answer the following questions. If you do not understand the question please mark the unsure box and we will explain the question during your medical work-up. During your medical work-up you will be asked more detailed questions as needed.

Patient Name: _____ **Date:** _____

Do you have **cataracts**? Yes No Unsure
 right eye, left eye, both eyes

Have you ever had **cataract surgery**? Yes No Unsure
 right eye, left eye, both eyes
What was the surgeon's name? _____ How long ago? _____

Do you have **glaucoma**? Yes No Unsure

Do you have **macular degeneration**? Yes No Unsure

Have you ever had a **retinal detachment**? Yes No Unsure

Have you ever had any **other eye problems**? Yes No Unsure
If yes, please explain. _____

Do you have or take medication for **high blood pressure**?.. Yes No Unsure
If yes, is your blood pressure well controlled?..... Yes No Unsure
If yes, how long? _____ What is your average blood pressure? _____

Have you ever had any **heart problems**? Yes No Unsure
 heart attack, angina, rhythm problems, congestive heart failure

Have you ever had a **stroke**? Yes No Unsure

Have you ever had problems with your **thyroid**? Yes No Unsure

Do you have **diabetes**? Yes No Unsure
If yes, how long? _____ Do you use insulin?..... Yes No
If yes, is your diabetes well controlled?..... Yes No Unsure

Do you have any **breathing problems**? Yes No Unsure
 asthma, emphysema, shortness of breath,
 TB, COPD, other _____

Have you had any recent **fever, weight loss or loss of energy** that you cannot explain? Yes No Unsure

Do you have any **psychiatric disorders**? Yes No Unsure
 depression, anxiety, bipolar, other _____

Patient Name: _____ **Date:** _____

Do you have any **neurologic** disorders? Yes No Unsure
 seizures, Parkinson's, tremors, migraine,
 neuropathy, other _____

Do you have a **hearing impairment**? Yes No Unsure

Do you have any problems with your **prostate**?..... Yes No Unsure

Do you have any problems with **kidneys** or **urinary tract**? Yes No Unsure
 kidney stones, urinary tract infection, other _____

Do you have any **digestive** problems? Yes No Unsure
reflux, hiatal hernia, ulcers,
 diverticulitis, gallbladder, other _____

Do you have any **blood disorders**? Yes No Unsure HIV,
 hepatitis, lupus, anemia,
 high cholesterol, other _____

Do you have any swollen **glands** or **lymph nodes**? Yes No Unsure

Do you have **swelling** of your **hands** and or **feet**? Yes No Unsure

Do you have **arthritis**? Yes No Unsure

Have you ever had or do you now have **cancer**? Yes No Unsure
 skin, breast, prostate, lung, other _____

Do you **smoke**? Never Have quit Yes How many packs per day?_____

Do you drink **alcohol**? Never Occasionally Regularly

Have you ever had a **blood transfusion**? Yes No Unsure

Do you have any **seasonal allergies**? Yes No Unsure

Are you **allergic to any foods**? Yes No Unsure
 shellfish, peanuts, eggs, milk, other _____

Are you **allergic to any medications**? Yes No Unsure
If yes, what medications? penicillin, sulfa, codeine,
 other _____

What surgeries have you had? Mark as many as apply.

Gallbladder Appendix Hysterectomy Bypass Heart Stent
 Hernia Tonsils Prostate Other _____

Family Medical History

The following questions are about the medical history of your close blood relatives only whether living or deceased. Please check as many as apply.

Patient Name: _____ Date: _____

Has anyone in your immediate family ever had:

Cataracts?

Mother Father Sister(s) Brother(s) Grandmother(s) Grandfather(s) Unsure None

Glaucoma?

Mother Father Sister(s) Brother(s) Grandmother(s) Grandfather(s) Unsure None

Macular Degeneration?

Mother Father Sister(s) Brother(s) Grandmother(s) Grandfather(s) Unsure None

Retinal Detachment?

Mother Father Sister(s) Brother(s) Grandmother(s) Grandfather(s) Unsure None

Blindness or other eye problems?

Mother Father Sister(s) Brother(s) Grandmother(s) Grandfather(s) Unsure None

High Blood Pressure?

Mother Father Sister(s) Brother(s) Grandmother(s) Grandfather(s) Unsure None

Heart problems of any kind?

Mother Father Sister(s) Brother(s) Grandmother(s) Grandfather(s) Unsure None

Diabetes?

Mother Father Sister(s) Brother(s) Grandmother(s) Grandfather(s) Unsure None

Breathing problems of any kind?

Mother Father Sister(s) Brother(s) Grandmother(s) Grandfather(s) Unsure None

Cancer of any kind?

Mother Father Sister(s) Brother(s) Grandmother(s) Grandfather(s) Unsure None

Pharmacy Information

Patient: _____ DOB: _____

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Phone: _____

Prescription Insurance Information

Insurance Name: _____

Policyholder: _____

(Check one) Member Spouse Minor

RX Group Number: _____

RX ID Number: _____

******Please bring your Prescription Card with you******

NOTICE OF PRIVACY POLICIES
For
Southeastern Retina Associates, P.C. (SERA)

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Introduction

At SERA we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose this information. It also describes your rights as they relate to your protected health information. This Notice is effective October 1, 2002 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit SERA a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal documents describing the care you received,
- Means by which you or a third party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for medical research,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve,

Understanding what is in your record and how your health information is used helps you to ensure accuracy, better understanding who, what, when, where, and why others may access your health information, and make more informed decision when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of SERA, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522,
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Southeastern Retina Associates, P.C. is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation or the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Privacy Officer, Sandra H. Brock at 865-588-0811.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. We will also provide your physician or subsequent health care provider with copies of various reports that should assist him or her in treating you once you're released back to your primary eye care physician.

We will use your health information for payment

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations

For example: Members of our organization may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Other forms of Disclosure

Business Associates:

There are some services provided in our organization that utilize outside agencies. These include laboratories, and other forms of business associates that provide us a service. To protect your health information we require each of our business associates to sign a contract with our organization stating they will safeguard your information.

Notification:

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition

Communication with Family:

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 payment related to your care.

Research:

We may disclose information to researchers when an institutional review board has approved their research, that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Marketing:

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

Federal and State Agencies:

As required by law we may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement:

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.



SOUTHEASTERN RETINA ASSOCIATES
Diseases and Surgery of the Retina and Vitreous

Chattanooga Area Offices

WORLD WIDE WEB ADDRESS
<http://www.tennessee retina.com>

John C. Hoskins, M.D.
Randall L. Funderburk, M.D.
Joseph M. Googe, Jr., M.D.
James H. Miller, Jr., M.D.
Joseph M. Gunn, M.D.
Tod A. McMillan, M.D.

Howard L. Cummings, M.D.
D. Allan Couch, M.D.
Stephen L. Perkins, M.D.
Richard I. Breazeale, M.D.
Nicholas G. Anderson, M.D.
Brett D. Gerwin, M.D.

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Jarnigan Medical Center

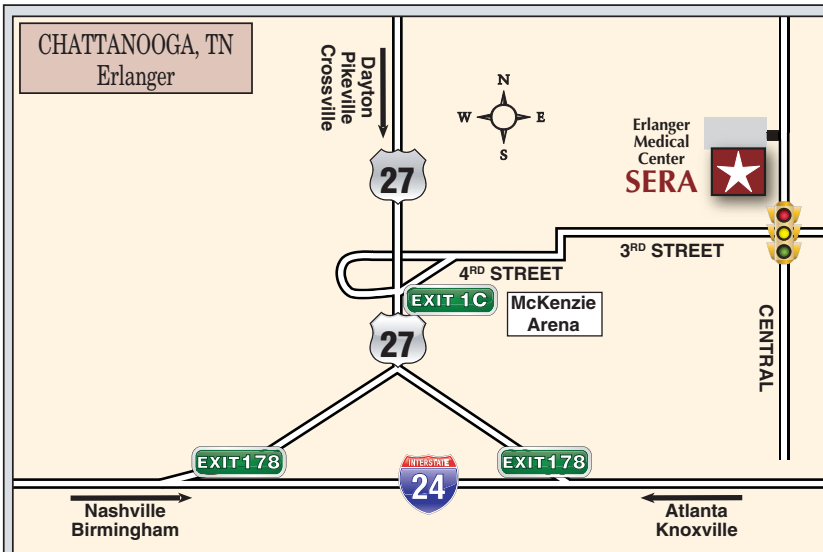
Suite 300
7268 Jarnigan Rd.
Chattanooga, TN 37421



CHATTANOOGA, TN
Erlanger

Erlanger Medical Center

979 E. Third St.,
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Chattanooga, TN 37403



Chattanooga Area Offices

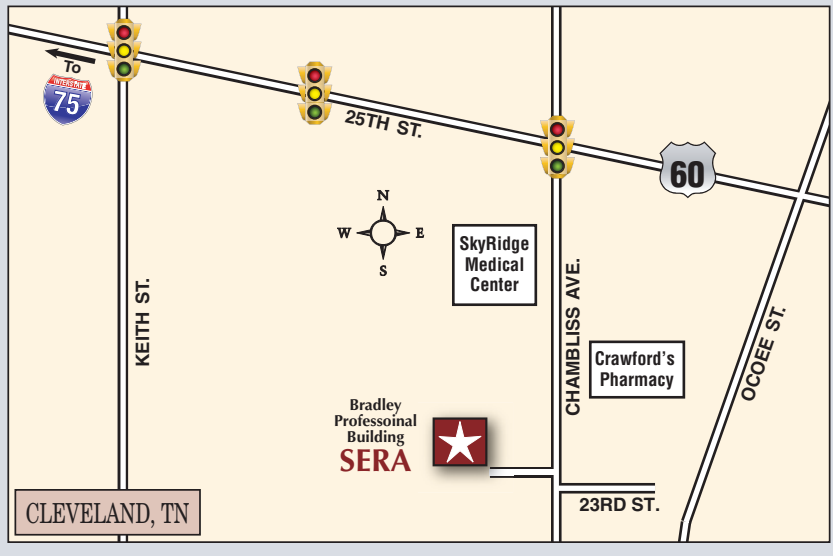
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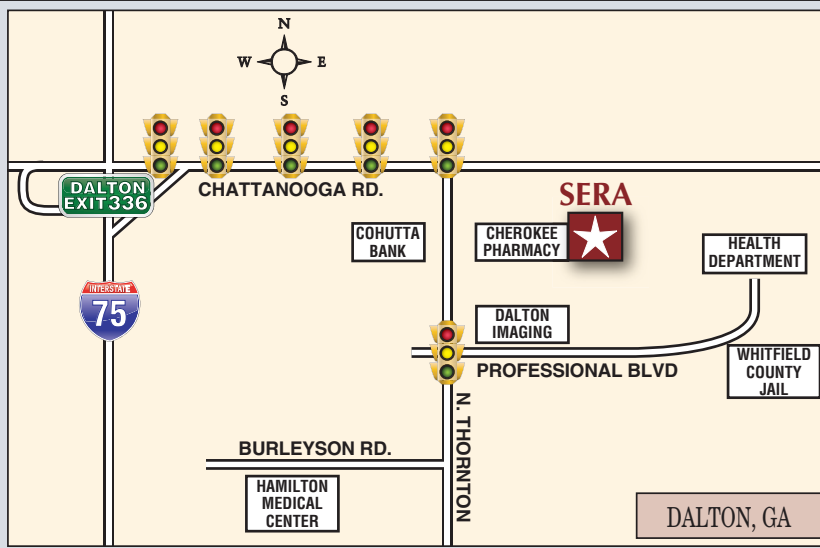
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Dalton

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