

AUM STUDENT HEALTH CENTER

PATIENT INFORMATION (PLEASE PRINT)

Date: 10-14-14 Are you an AUM student? ☒ YES ☐ NO Student ID # S000186821

Name: Ashanta Nettles

Social Security Number: 419-45-1821 Birth Date: 02-07-96

Local Phone Number: 334-301-9653 Alternate Number: 251-564-2717

Local Address: AUM CAMPUS Warhawk Hall Box Number 165

City: Montgomery State: Alabama Zip Code: 36117

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Marital Status (Please Circle): ☒ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other _____

Sex (Please Circle): Male ☐ Female ☒

Primary Physician: Dr Powell City: Monroeville Phone #: _____

Patient's Employer: NONE Work #: NONE

Parent's or Spouse's Name (Circle which) NONE Phone #: NONE

Parent's or Spouse's Employer: NONE Work #: NONE

Emergency Contact: Darryl Nettles Relationship: Father Phone #: 251-564-2717

How did you hear about the Clinic? Friend ☐ Faculty/Staff ☒ Orientation ☐ Other _____

INSURANCE INFORMATION

Do you have health insurance? YES ☐ NO ☐

If yes, please give your card to the receptionist in order for a copy to be made for your chart.

Insurance Company See Copy Name on Card _____

Policy Number See Copy Group Number _____

Insurance Company Address _____

SERVICES CONSENT FORM

NAME: Ashantis Nettles
DATE OF BIRTH: 02-07-96

I AM REQUESTING CARE FOR MYSELF OR MY ABOVE NAMED DEPENDENT AND
GIVE MY CONSENT FOR TREATMENT. I AM RESPONSIBLE FOR ALL BILLS
INCURRED AT THE NURSING CARE CENTER.

SIGNATURE: Ashantis Nettles
DATE: 10-14-14

SIGNATURE: _____
DATE: _____

SIGNATURE: Ashantis Nettles
DATE: 10-23-14

SIGNATURE: _____
DATE: _____

SIGNATURE: Ashantis Nettles
DATE: 11-6-14

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SIGNATURE: Ashantis Nettles
DATE: 11-20-14

SIGNATURE: _____
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SIGNATURE: Ashantis Nettles
DATE: 1-29-15

SIGNATURE: _____
DATE: _____

SIGNATURE: Ashantis Nettles
DATE: 4-22-15

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AUM Student Health Services

PATIENT HIPAA CONSENT FORM

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment);
- Obtaining payment from third party payers (e.g. my insurance company);
- The day-to-day healthcare operations of your practice.

I have also been informed of and given the right to review and secure a copy of your *Summary of the HIPAA Privacy Rule*, which contains a more complete description of the uses and disclosures of my protected health information and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment and health care operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Signed this 14 day of October 20 14.

Print Patient Name Ashantis Nettles

Signature Ashantis Nettles

Relationship to Patient _____

AUM Student Health Services
Medical Information Release Form
(HIPAA Release Form)

Name: Ashantis Nettles **Date of Birth:** 02/07/1996

Release of Information

☒ I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

☐ Spouse _____

☐ Child(ren) _____

☒ Other Aunt Camille Nettles

☐ Information is not to be released to anyone.

This **Release of Information** will remain in effect until terminated by me in writing.

Messages

Please call ☐ my home ☐ my work ☒ my cell Number: 334-301-9653

If unable to reach me:

☐ you may leave a detailed message

☐ please leave a message asking me to return your call

☐ _____

The best time to reach me is (day) Tues/Thursdays between (time) After 2

Signed: Ashantis Nettles Date: 10/14/14