Roger Mignosa, D.O. - 3706 Ruffin Road, Suite 129, San Diego, CA 92123

PATIENT INFORMATION							
NAME:							
ADDRESS:							
CITY:				STATE:		ZIP:	
HOME PHONE:				WORK PHONE:			
CELL PHONE:							
EMAIL:				PAGER:			
DATE OF BIRTH:	/ /			SOC. SECURITY #:	- -		
MARITAL STATUS:	MARRIED	SINGLE	WIDOWED	DIVORCED			
SPOUSE'S NAME:							
PARENT'S NAME (if under 18)							
OCCUPATION:							
EMPLOYER:							
REFERRED BY:							

All professional services are charged to the patient. *The patient is responsible for all fees, regardless of insurance coverage, including Medicare.* Roger Mignosa, D.O. does not accept Medicare assignment. *It is customary to pay for the services when they are rendered unless other arrangements are made in advance.*

Acknowledged by: _____ Date: _____
(Patient's signature (or parent if under 18)

I authorize this office to furnish information to insurance carriers concerning my treatments. The information given above is current and correct to the best of my knowledge.

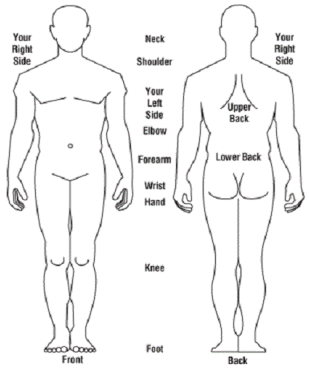
Acknowledged by: _____ Date: _____
(Patient's signature (or parent if under 18)

Roger Mignosa, D.O. - 3706 Ruffin Road, Suite 129, San Diego, CA 92123

Patient Questionnaire

Name & Age	
Chief Complaint	
Health Goal	

Please Circle the areas of pain



Under this space draw a picture of yourself

When & How did the injury begin?	
Prior Studies Findings (□ MRI □ CT-scan □ X-Ray □None)	
Location of Pain (Circle side of pain) Does the pain radiate? (If yes circle were the pain radiates)	□ back (R/L) □ neck (R/L) □ hip (R/L) □ knee (R/L) □ ankle (R/L) □ foot (R/L) □ shoulder (R/L) □ elbow (R/L) □ hand (R/L) □ abdomen (R/L) □ ribs (R/L) □ head (R/L) □ No □ Yes (Upper Extremity/Lower Extremity)
Describe the Pain	□ stiff □ burning □ shooting □ achy □ tingling □ tense □ sharp □ numb □ stabbing □ radiating □ dull □ tightness □ pressure □ throbbing □ localized □ intermittent □ constant
Severity of Pain (0-10/10)	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10
Aggravating Factors	cold □ warmth □ rest □ activity □ massage □ quiet □ lying down □ standing □ medication □ nothing
Relief Factors	□ cold □ warmth □ rest □ activity □ massage □ quiet □ lying down □ standing □ medication □ nothing

Functional History

Assistance device for ambulation (Circle)	□ None □ Single Point Cane □ 4 Point Cane □Rollator □ Wheelchair
Do you require help with activities of daily living? If yes, describe.	□ Driving □ Bathing □ Dressing □ Feeding □ None
History of Falls? If yes, give dates and note injury	□ No □ Yes _____
Exercise Habits – How often & List Preferences	Days per week: □ None □ < 4 □ 5-7 _____

Mental Health Functional History

Rate your level of stress (0-10/10) [10 = Worst] What is the greatest cause of stress in your life?	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10
Rate your quality of sleep (0-10/10) [10 = Best] Do you wake up rested?	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □ Yes □ No
Rate your ability to control your symptoms. (0-10/10) [10 = complete control of symptoms]	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

Treatments for current condition attempted

Treatment Attempted	List	Benefit (yes or no)
Medication		Yes / No
Manual Medicine	□ Osteopathy □ Chiropractic □ Massage	Yes / No
Physical Therapy		Yes / No
Integrative Practice	□ Acupuncture □ Biofeedback □Psychotherapy	Yes / No
Injection		Yes / No
Surgeries		Yes / No

Please circle any complaints within the following areas.

General	recent weight loss/ fever / chills
Heart	chest pain / palpitation
Lungs	shortness of breath / cough
Abdominal	abdominal pain / diarrhea / constipation
Extremities	joint pain / ankle swelling
Neurological	focal weakness / focal sensory loss / falls
Skin	rash / itching

Past Medical History

□ None □ Head Aches □ Stroke □ Seizures □ Pneumonia □ Diabetes (Type 1 or 2) □ Thyroid Disease (Hyper or Hypo) □ Glaucoma □ Macular Degeneration □ Hearing Loss □ High Blood Pressure □ Blood Clots □ Pulm Emboli (lung clots) □ DVT (leg clots) □ Heart Burn, Reflux □ Stomach Ulcers	□ Heart Disease □ Coronary Disease □ MI/heart attacks □ Congestive Heart Failure □ Atrial Fibrillation □ Angina □ Valve Disorder □ High Cholesterol □ Gastrointestinal Bleeding □ Hepatitis (A, B, C) □ HIV / AIDS □ Chronic Wounds □ Cancer: type _____ □ Urinary Tract Infections □ Incontinence □ Kidney Stones	□ COPD (Emphysema, Bronchitis) □ Asthma □ Depression □ Bipolar Disorder □ Anxiety □ Fibromyalgia □ Chronic Fatigue Syndrome □ Arthritis □ Gout □ Osteoporosis □ Prostate Disease □ Breast Disease □ Erectile Dysfunction □ Other_____

Past Surgical History

□ None □ Cataracts □ LASIK □ Tonsillectomy □ Thyroidectomy □ Adenoidectomy □ Coronary Bypass □ Cardiac Stents □ Pacemaker □ Heart Valve	□ Gall Bladder □ Appendectomy □ Bowel Resection □ Hemorrhoidectomy □ Bariatric surgery □ Hysterectomy □ Endoscopy □ Colonoscopy □ Hernia □ Spinal Surgery	□ Tubal Ligation □ Bladder surgery □ Prostate surgery/resection □ C-Section □ Orthopedic/joints _____ _____ □ Other

Social History

□Single □ Married □ Divorced □ Widowed
□ Children □ No Children
Live in: □ Home □ Apartment □ Condo
□ Never Smoker □ Non – Smoker (Quit __ years ago) □ Current Smoker

Allergies (Medication & Food)	Reaction

Medications / Supplements

Medication / Supplement	Dose	Frequency

Please list any other information that you would like to share for your appointment:

Patient Privacy Policy

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.

Introduction
This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA).

At Roger Mignosa, D.O., we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Privacy Practices describes the personal health information we collect, and how and when we use or disclose that information. This notice also describes your rights as they relate to your Protected Health Information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

Acknowledgment of Receipt of this Notice
You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care service will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide you treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

Understanding Your Health Record/Information
Each time you visit Roger Mignosa, D.O., a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, and serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document 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 data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- 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 its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights
Although your health record is the physical property of Roger Mignosa, D.O., the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Practices upon request,
- Inspect and obtain a copy your health record as provided for in 45 CFR 164.524,
- Request to Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of 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, and,
- Revoke your authorization to use or disclose health information except to the extent that action has already been take

Our Responsibilities

Roger Mignosa, D.O. is required to:

1. Maintain the privacy of your health information,
2. Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
3. Abide by the terms of this notice,
4. Notify you if we are unable to agree to a requested restriction,
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative location, and
6. Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

Roger Mignosa, D.O., reserves the right to change our Privacy Information practices and to make the new provisions effective for all protected health information we maintain. Revised notices will be available to you at this office during business hours, or by mail if requested. 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 of the authorization according to the procedures included in the authorization.

Examples of How Roger Mignosa, D.O., May Use or Disclose Your Health Information

For Treatment: Roger Mignosa, D.O. may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to those actions.

For Payment: Roger Mignosa, D.O. may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For health care operations: For example, Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team 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 service we provide.

Appointments: Roger Mignosa, D.O. may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.

Business associates: Some services provided in our organization are provided through Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, or a copy service we may use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we may use your name, if you have been transported to a hospital or other facility, and give your general condition, and religious affiliation for directory purposes. This information may be provided to family members or members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification, or Communication with Family Members: Health professionals, using their best judgment, may use, or disclose information to notify or assist in notifying family relatives, personal representatives, close personal friends, or other people you identify; information relevant to that persons' involvement in your care or payment information related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant

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

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Required by Law: Roger Mignosa, D.O. may use and disclose information about you as required by law. For example, Roger Mignosa, D.O. may disclose information for the following purposes:
for judicial and administrative proceedings pursuant to legal authority;
to report information related to victims of abuse, neglect or domestic violence; and
to assist law enforcement officials in their law enforcement duties.

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.

Health and Safety: Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions: Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

For More Information or to Report a Problem, or If you have questions and would like additional information, you may contact our practice's Privacy Official, Francois Cyr.

Roger Mignosa, D.O.
3706 Ruffin Road, Suite 129
San Diego, CA 92123
Phone: (858) 587-1822
FAX: (858) 587-8967

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights - U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
866-OCR-PRIV (866-627-7748) or 886-788-4989 TTY

Acknowledgment of Receipt of this Notice

Roger Mignosa, D.O. is concerned about the privacy of our patients health care information. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care service will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

Practice Environment

This is a chemical free/fragrance free office. Please do not wear fragrances of any type in this office, including, but not limited to:

- Perfumes
- Colognes
- Scented antiperspirants/deodorants
- Powders
- Hairsprays
- Laundry detergents and laundry soaps
- Fabric softeners

Some of our patients and staff have chemical sensitivities or allergies and are strongly affected by chemicals and fragrances. Please be aware that chemicals and fragrances in fabric softeners and some laundry detergents are too heavily fragranced and should be avoided on days you have an appointment in this office. If you are wearing perfumes or strong fragrances, you may be asked to leave and not be able to see the doctor for your scheduled appointment.

FEES, PAYMENT & INSURANCE

HMO Insurance:

Please be advised that our doctors are not under contract with any HMO plans or HMO insurance networks. Therefore, no reimbursement will be paid for visits at this office. **Your visit will be an out-of-pocket expense to you.**

Fess may vary from patient–to-patient and visit-to-visit depending on the complexity of the problem being addressed. ***In most cases***, an initial (new patient) visit will cost between approximately $290.00 and $400.00 and follow-up visits will cost between approximately $150.00 and $260.00. Additional fees will apply for patients requiring prolonged consultative or treatment time or additional tests and/or procedures.

PPO Insurance/HSA Plans:

Please be advised that our doctors are not under contract with any private insurance carriers or companies. **Therefore, all of our doctors are out-of-network providers.** A PPO insurance company will be reimburse the approved amount according to your plan, but only after your out-of-network deductible has been met.

Fess may vary from patient–to-patient and visit-to-visit depending on the complexity of the problem being addressed. ***In most cases***, an initial visit will cost between approximately $290.00 and $400.00 and follow-up visits will cost between approximately $150.00 and $260.00. Additional fees will apply for patients requiring prolonged consultative or treatment time or additional tests and/or procedures.

We highly encourage you to contact your insurance provider ahead of time to find out how much your deductible is and what your Out of Network reimbursement rates are. (For your convenience, also attached is an "Out of Network" Questionnaire Form that you may use to communicate with your insurance provider).

However, **as a courtesy**, we will submit a bill to your insurance company on your behalf for reimbursement directly to you by your insurance company.

Medicare:

Our doctors are MediCare providers, but **do not accept MediCare assignment** (payment directly from Medicare for their services). If you have MediCare, you must pay your bill in full at the end of each visit. However, based on MediCare guidelines, you will pay a reduced fee for each visit. Fess may vary from patient–to-patient and visit-to-visit depending on the complexity of the problem being addressed. In most cases, an initial visit will cost between approximately $290.00 and $400.00 and follow-up visits will cost between approximately $175.00 to $260.00. Additional fees will apply for patients requiring prolonged consultative or treatment time or additional tests. Please contact our office if you have any questions regarding payment as a MediCare patient.

In accordance with Medicare guidelines and procedures, we will submit a bill to Medicare for reimbursement to you Medicare. After Medicare has processed your claim and paid you, they will send the claim to your secondary/supplement insurance (if applicable), who will also process the claim and reimburse their portion to your directly. For every visit with your doctor, you will receive 2 reimbursements: one from Medicare and one from your supplement insurance (if applicable).

Worker's Compensation/Automobile Accident/Insurance Liens:

We do not participate in Worker's Compensation. Therefore, Worker's Compensation will not pay for visits to our office.

We do not accept insurance liens. If you have insurance through your auto insurance related to a car accident, you must pay your bill in full at the end of each visit and then submit a claim yourself with your insurance company.

Payment:

We accept cash, personal checks, Visa, MasterCard, American Express or Discover credit cards.

Returned Checks:

If your check is returned from our bank or yours, we will add a $25.00 "returned check" fee to your account. In addition, personal checks will not be an acceptable form of payment for future visits, unless approved by your doctor or the practice manager.

Missed Appointment Policy

If you need to reschedule or cancel your appointment, please do so at least 48 hours before your scheduled appointment time. If you do not contact us within 24 hours or miss your appointment in its entirety, we reserve the right (at our discretion) to bill you for the cost of you appointment ($200 per missed follow up visit and $350 for a missed new patient visit). We realize that emergencies occur or circumstances which cannot be planned or anticipated. However, if you miss an appointment without proper notification, we will send you a bill to your home address (unless other arrangements have been made). Additionally, you will not be able to schedule another appointment with Dr. Mignosa until this fee has been paid.

Please acknowledge agreement with the practice policies by signing below:

Roger Mignosa, D.O.

Name of Patient (PRINT)_____

_____ _____

Signature of Patient or Authorized Representative Date