



ORTHOPAEDIC ASSOCIATES
of KENTUCKIANA, P.L.L.C.

3605 Northgate Court, Suite 202, New Albany, Indiana 47150

Dear Patient:

Welcome to the practice. We are honored that you have been sent to us for an Independent Medical Examination. You have been sent for an examination only, not for treatment. This is different from a second opinion or a consultation because no treating relationship is being created. We will be writing a report based on the information we have available. We are committed to providing the best quality report we can. We will be honest in all communications but the examining physician will not be able to answer specific questions regarding previous, current or future medical care or treatment.

Years of experience with patients who have sports injuries, accidents, fractures, or the effects of aging have allowed us to develop an examination process that benefits from your cooperation. After the examination is over, you will be asked if there is additional information we should know please feel free to add it during the visit.

Our conclusions are based on facts and sound medical knowledge. We have adequate qualifications to address the questions we will be answering in the report. Any conflict will be addressed in a professional and constructive manner. We are not lawyers, we record what we see. We will never accept a fee for services which are dependent upon writing a report favorable to the referral source. We will maintain confidentiality consistent with the applicable legal jurisdiction but a copy will be sent to whoever paid for your visit. You are not entitled to a copy of the report. To get a copy you will need to contact the company that is paying for this Independent Medical Examination.

While we enjoy spending time with you, there are a few housekeeping notes to help decrease the length of time you spend at the office:

1. Have photo identification (current driver's license, employee badge or military identification card).
2. Bring all medications you are currently taking, including vitamins and over the counter medications. If you bring a list, please make sure it is current. This will ensure your medication list is accurate and current with correct dosages and dosing instructions.
3. Please complete the attached forms prior to your arrival.
4. If you are having a problem with your shoulder please wear or bring a tank top and/or sports bra to wear during the examination. If you are having a problem with your hip/knee/foot, please bring a pair of shorts to wear during the examination.

We are pleased to be at your service.

The Team at Orthopaedic Associates

New Problem History

Today's Date: _____

Your Name: _____

Birthdate: _____

Why do you want to see the Doctor?

What were you doing the first time it hurt? _____

Where is the problem? _____

How long has it been bothering you? _____

When does it bother you? _____

On a scale of 1-10 how bad is it? _____

What is the pain like? _____

What makes the problem better? _____

What makes the problem worse? _____

Are other things associated with the problem? _____

Have you had this problem before? _____ When? _____

Who treated you then? _____

Have you had any tests done?

Type of Test	When?	Where?	What did it show?

Are you seeing another doctor having any other problems with your health ?

Diagnosis? (Diabetes, Blood Pressure, Heart Attack?)	Are you using medicine?	What is the name of the medicine?	Who is the doctor treating you for this?

Are you using any other medicines? Please include over the counter or natural meds

Medicine Name	Dosage	How Often	When did you start?

Is there anything else the doctor should know?

I have answered the questions truthfully and as best I can

Signature: _____ Date: _____



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PATIENT MEDICATIONS and ALLERGIES

Name _____ Date of Birth _____

Today's Date _____

ALLERGIES

Medication	Reaction (What goes wrong when you use the medicine?)

CURRENT MEDICATIONS

Medication	Dosage	How Often?	For What Condition?

Signature: _____ Date _____

COMPREHENSIVE HISTORY: PATIENT FORM

Today's Date: _____

Name _____

Age _____

Date of Birth _____

Sex _____

Race _____

Place of Birth _____

Marital Status _____

Occupation _____

Who referred you here? _____

Past Medical History

General State of Health Excellent, good, fair, poor (circle one)

Childhood illnesses: measles, German measles, mumps, whooping cough, chickenpox, rheumatic fever, scarlet fever, polio (circle those you have had)

Psychiatric illnesses: _____

Immunizations: When was your last tetanus shot _____, pertussis, diphtheria, polio, measles, German Measles, mumps, hepatitis A, hepatitis B, cholera, typhoid (circle those you have had)

Operations/Surgery

Procedure (what did they do?)	When was it done?	Surgeon	Hospital

Background History

Schooling; highest grade completed _____

Military Service _____

Job History _____

Marriage _____

Retirement _____

Fractures (broken bones)

Which Bone?	When?	Doctor?	Problems now?

Family History

	Age	Illness, Disability, Cause of Death
Mother		
Father		
Spouse		
Child		
Child		
Child		
Child		

The occurrence within the family of any of the following conditions (please circle all that apply): Diabetes, tuberculosis, heart disease, high blood pressure, stroke, kidney disease, cancer, arthritis, Anemia, headaches, mental illness, symptoms like those you are having, blood clots, bleeding problems

Social History

Diet: excellent, good, fair, poor (circle)

Sleep: excellent, good, fair, poor (circle)

Exercise: regular, sometimes, rarely (circle) type: _____

Use of coffee/tea: _____ cups per day

Alcohol: Type _____ How often? _____ How much? _____

Other Drugs: Type _____

Tobacco: Type _____ How much? _____ For how long? _____

Review of Systems (circle all that apply)

General: usual weight _____, recent weight loss, recent weight gain, weakness, fatigue, fever, chronic fatigue syndrome, fibromyalgia

Skin: rashes, lumps, itching, dryness, color change, changes in hair or nails

Head: headache, head injury, migraine headache

Eyes: vision, glasses or contact lenses, last eye examination _____, pain, redness, excessive Tearing, double vision, glaucoma, cataracts

Ears: hearing, ringing in the ears, vertigo, earaches, infection, discharge

Nose and sinuses: frequent colds, nasal stuffiness, hay fever, nosebleeds, sinus trouble

Mouth and throat: change in the condition of teeth and gums, bleeding gums, sore tongue, Hoarseness, frequent sore throats, last dental examination _____

Neck: lumps in neck, "swollen glands", goiter, pain in the neck

Breasts: lumps, pain, nipple discharge, _____ self-examination (circle): regularly, irregularly, never

Respiratory: cough, excessive sputum, bloody sputum, wheezing, asthma, bronchitis, emphysema, Pneumonia, tuberculosis, pleurisy, tuberculin test date _____, last chest x-ray date _____

Cardiac: heart trouble, high blood pressure, rheumatic fever, heart murmurs, shortness of breath, number of pillow used at night, edema; chest pain, palpitations; past electrocardiogram or other heart tests

Gastrointestinal: trouble swallowing, heartburn, appetite, nausea, vomiting, vomiting of blood, Indigestion, frequency of bowel movements, change in bowel habits, rectal bleeding, black tarry stools, constipation, abdominal pain, food intolerance, excessive belching or passing of gas, diarrhea, hemorrhoids; jaundice, liver or gall bladder trouble, hepatitis

Urinary: frequency of urination, blood urine, painful urination, urgency, hesitancy' how many times do you get up to urinate at night? _____
incontinence; urinary infections, stone

Genito-reproductive:

Male: discharge from or sore on penis, history of venereal disease, hernias, testicular pain or masses; sexual difficulties

Female: age when periods started _____ ; date of last period: _____ ;
bleeding between periods or after intercourse, painful periods; _____ menopausal
symptoms, age at menopause _____ ,
Number of pregnancies _____ ,

Musculoskeletal: joint pains or stiffness, arthritis, gout, backache. Muscle pains or cramps. Fibromyalgia, reflex sympathetic dystrophy

Peripheral vascular: cramping in the legs when walking, cramps, varicose veins, blood clots

Neurological: fainting, blackouts, seizures, paralysis, local weakness, numbness, tingling, tremors, memory problems

Psychiatric: nervousness, tension, mood swings, depression, PTSD, bipolar, ADD
drug dependence or addiction; alcohol dependence or addiction

Endocrine: thyroid trouble, heat or cold intolerance excessive sweating, diabetes, excessive thirst, excessive hunger, excessive urination

Hematologic: anemia, easy bruising or bleeding, blood clots,
past transfusions and/or possible reactions to blood products

Infectious diseases: TB, hepatitis, HIV, AIDS, staph infections, MRSA

I have answered this form truthfully and to the best of my ability

Signature: _____



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Orthopaedic Associates, PSC Office Policy for Independent Medical Examinations

I understand that I have presented to the office of Orthopaedic Associates today for the sole purpose of an Independent Medical Examination. I understand that I am not here for medical treatment, but for an examination only. I understand that no treating relationship is being created. I understand that future treatment for the condition(s) being evaluated today will not be provided. The examining physician will not be able to answer specific questions regarding previous, current or future medical care or treatment. I understand that I am not entitled to receive a copy this report from Orthopaedic Associates of Kentuckiana, PLLC and that I will need to contact the company that is paying for this Independent Medical Examination for any questions concerning this consent.

Patient of Guarantor Signature

Date

Witness:



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Case Manager Sign--In Sheet

Date of Service : _____

Patient's Name: _____

Claim Number: _____

Form 113 On File: yes no

Name of Case Manager: _____

Fax#: _____

Email Address: _____

Preference for dictation: Fax Email

(please attach card if available)

Today's dictation will automatically be sent to you.

Thank you



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Notice of Privacy Practices

Effective 1/1/2013

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.

If you have any questions about this notice, please contact the Orthopaedic Associates of Kentuckiana, PLLC., Privacy Officer at (502) 585-4376.

PURPOSE

Orthopaedic Associates of Kentuckiana, PLLC. (OA), its team members, medical staff, employed physicians, residents, fellows, students, contractors and volunteers follow the privacy practices described in this Notice of Privacy Practices (Notice). This Notice describes the ways in which we may use and disclose your health information within OA and with other entities. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information. OA participates in an Organized Health Care Arrangement (OHCA) with its Medical Staff and will share your health information with the arrangement's participants to carry out treatment, payment or health care operations related to the OHCA. OA facilities are committed to protecting your health information in a confidential manner.

WHO WILL FOLLOW THIS NOTICE?

OUR LEGAL RESPONSIBILITIES

OA is required by law to protect the privacy of your health information that can identify you, inform you about our legal duties and privacy practices with respect to your health information, and follow the terms of this Notice. This Notice applies to all of your health information held by OA.

- OA must abide by the terms of this Notice.
 - OA must notify you if we are unable to agree to a restriction that you request about the use and disclosure of your protected health information.
 - OA must accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- OA will not use or disclose your health information without your authorization, except as described in this Notice.

REVISIONS TO THIS NOTICE

OA may change its Notice at any time and make the new provisions effective for all health information OA maintains. Upon your request, OA will provide you with information about how to obtain a revised Notice of Privacy Practices by accessing our web site, www.oadocs.com, by calling the OA Privacy Officer at (502) 585-4376 to request a revised copy be mailed to you or by requesting one at the time of your next visit.

HOW OA WILL USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment, Payment and Health Care Operations (TPO). OA will use or disclose your health information for treatment, to obtain payment for treatment and for health care operations.

The examples below are not meant to be exhaustive, but describe common types of disclosures OA may make.

Examples of Uses and Disclosures for Treatment OA will use and disclose your health information to:

- Anyone involved in your treatment, including physicians, nurses, therapists, pharmacists, radiologists, discharge planners, dietitians, laboratory and others who need access to your health information to assist in your diagnosis and treatment.
- Anyone necessary to provide or manage your health care treatment, including the coordination or management of your care with a provider outside OA, such as a home health agency that is evaluating your need for home health services.
- The physician who referred you to OA or who will provide follow-up care to you after you are discharged from OA.

Examples of Uses and Disclosures for Payment OA will use and disclose your health information to:

- Obtain payment for the services and treatment you receive.
- Communicate with your health insurance plan to obtain approval for the health care services OA recommends for



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you.

- Request a determination from your health insurance plan of your eligibility or coverage for insurance benefits.
- Obtain payment from your employer when your treatment involves a work-related injury
- Other health care providers so they can receive payment for health care services that they provided to you, such as ambulance services.
- Review the care you received to ensure the costs associated with it were appropriate for your diagnosis.

Examples of Uses and Disclosures for Health Care Operations

OA will use and disclose your health information to support OA business activities.

These activities include:

- Conducting quality assessment and improvement activities in an effort to continually improve the quality and effectiveness of the health care services we provide
- Developing clinical guidelines
- Evaluating clinical outcomes
- Reviewing the competence or qualifications of health care professionals
- Evaluating physician and employee performance
- Conducting training programs in which residents, students, trainees or practitioners in areas of health care learn under supervision to improve their skills as health care providers
- Participating in accreditation, certification, licensing or credentialing activities
- Conducting or arranging for medical review, legal services and auditing functions
- Sharing information with medical students and residents who see patients at a OA facility
- Calling your name in a waiting area or over the overhead paging system
- Contacting you by mail or phone to remind you of a scheduled appointment, procedure or test
- Providing information to the Chaplain who may visit you
- Planning for the organization's future operations Complying with this Notice and applicable laws.

OTHER USES AND DISCLOSURES REQUIRED BY HIPAA

OA may use and disclose your health information in the following situations without your authorization. These situations include:

Business Associates of OA: Some services are provided through contracts with business associates. Examples include certain laboratory tests and the service OA uses when making copies of your medical record. When these services are contracted, OA may disclose your health information to our business associates so that they can perform the job OA has asked them to do and bill you or your insurance carrier for services rendered. To protect your health information, however, OA requires the business associate to appropriately safeguard your information.

Research: OA may disclose your health information for medical research when the Institutional Review Board or Privacy Board approves the research study and the use of your health information.

Marketing: OA may use and disclose health information to contact you with information about treatment, services, products or health care providers that may be of interest to you.

Funeral Directors, Coroners and Medical Examiners: OA may disclose health information to a coroner, medical examiner or funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, OA 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.

Food and Drug Administration (FDA): OA may disclose health information to the FDA 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.

Public Health: As required by law, OA may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. These activities include but are not limited to reporting births, deaths, disease, injury, child abuse or neglect and domestic violence.

Inmates: If you are an inmate of a correctional institution, or under the custody of a law enforcement official, OA may disclose your health information to the institution or law enforcement official as may be necessary for your health and the health and safety of



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other individuals.

Legal Proceedings: If you are involved in a lawsuit or dispute, OA may disclose your health information in response to a HIPAA-compliant subpoena, valid court or administrative order, or discovery request. OA also may disclose your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Law Enforcement: OA may disclose health information as required by law or in response to a HIPAA-compliant subpoena, valid court or administrative order, warrant, summons, or other lawful process. We must provide information about someone who is suspected of being a victim abuse, neglect or domestic violence; to provide information about a crime that occurs at a OA facility or to identify or locate a suspect, fugitive, material witness or missing person.

Health Oversight Activities: OA may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights.

Military Activity and National Security: OA may release your health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law, including providing protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

USES AND DISCLOSURES TO WHICH YOU MAY OBJECT

Unless you notify us in writing that you object, OA may use or disclose your health information in the following circumstances:

- OA may disclose to a member of your family, a relative, a close friend or any other person you identify as your emergency contacts, your health information that relates to that person's involvement in your care or payment related to your care. OA may use or disclose your health information to notify or assist in notifying a family member, personal representative or another person responsible for your care, about your location, general condition or death.
- OA may use and disclose your health information to a public or private entity (such as the American Red Cross) assisting in disaster relief efforts so that your family can be notified about your condition, status and location.
- OA may use and disclose your health information for the above activities when you are unable to agree or object to the use or disclosure because of your incapacity or an emergency treatment circumstance, if such disclosure is consistent with a prior expressed preference and if we determine such disclosure is in your best interest. When it becomes practical to do so, we must provide you with an opportunity to object to the uses or disclosures of your health information as described above.

To object to these uses or disclosures, please contact the OA Privacy Officer at (502) 585-4376.

USES AND DISCLOSURES YOU MUST AUTHORIZE

Except as described above, OA will not use or disclose your protected health information unless you give written authorization to OA to do so. You may revoke your permission, which will be effective only after the date of your written authorization was received. If you revoke your authorization in writing, OA will not disclose health information about you after OA receives your revocation except for disclosures that were being processed prior to receipt of your request.

YOUR INDIVIDUAL RIGHTS

Below is a statement of your rights with respect to your health information and a brief description of how you may exercise these rights. For more information about your rights, please contact the OA Privacy Officer at (502) 585-4376.

Right of Access. You have the right to access, inspect and obtain a copy of your health information that is contained in a designated record set for as long as we maintain the health information. A "designated record set" contains medical and billing records and any other records that are used by OA or its Medical Staff to make decisions about you. Your request must be in writing. OA must act on your request no later than 30 days after receipt of the request. If the protected health information is not maintained or accessible on-site, OA must take action no later than 60 days from receipt of your request. OA also may extend the time for such actions by no more than 30 days. OA must provide you with a written statement of the reasons for the delay and the date by which it will complete your request. In Kentucky, you may receive one free copy of your medical record. Additional copies are made at a rate of \$1 per page. Under federal law, however, you may not access, inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding and health information that is subject to law that prohibits access to health information. OA may deny your request to inspect and copy in certain circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by OA will review your request and the denial. The person conducting the review will not be the person who denied your request. OA will comply with the outcome of the review.

Right to request restrictions. You have the right to request restrictions on certain uses or disclosures of your health information for the purposes of treatment, payment or health care operations. You also may request limits on the health information OA discloses about you to family members, friends or other individuals identified by you who may be involved in your care or for



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notification purposes as described in this Notice. OA is not required to agree to your request. If OA agrees, OA will comply with the requested restriction unless it is needed to provide emergency treatment. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply.

Confidential Communications. You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at an alternative location from your home address, such as work, or only contact you by mail instead of by phone. Your request must be in writing. OA will accommodate reasonable requests. OA also may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. OA will not request an explanation from you as to the basis for the request.

Right to Amend. If you believe the health information OA has about you is incorrect or incomplete, you may request the information be amended. You have the right to request an amendment for as long as the information is kept by or for the OA facility that maintains the record. Your request must be in writing and must explain the reason for the requested amendment. OA must act on your request for an amendment no later than 60 days after receipt of such a request. In certain cases, OA may deny your request for an amendment. If OA denies your request for amendment, you have the right to file a statement of disagreement with OA and OA may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to an Accounting of Disclosures. You have the right to request a list of the disclosures OA made of your health information for purposes other than treatment, payment or health care operations as described in this Notice. It excludes disclosures OA may have made to you, requested by you or that you authorized, as well as for a facility directory, to family members or friends involved in your care, or for notification purposes. Your request must be in writing. OA must act on your request for accounting no later than 60 days after receipt of such a request. You have the right to receive specific information regarding these disclosures made up (6) years before your request (not including disclosures made before April 14, 2003). You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. If you request a list of disclosures more than once in 12 months, OA may charge you a reasonable fee.

Right to a Copy of this Notice. On your first visit to a OA facility, you will be given a copy of this Notice. You also may request a summary of this Notice. You may obtain a copy of this Notice at the OA web site, www.OAdocs.com. To obtain a paper copy of this Notice, visit the OA facility where you are receiving services.

IF YOU HAVE A PROBLEM

If you believe your privacy rights have been violated, you may file a complaint with the OA Privacy Officer, with the Secretary of the U.S. Department of Health and Human Services or with the U.S. Department of Health and Human Services Office of Civil Rights. OA will not retaliate against you for filing a complaint. To file a complaint, contact the Privacy Officer at (502) 585-4376 or send correspondence to:

*Privacy Officer
Orthopaedic Associates of Kentuckiana, PLLC
3605 Northgate Court
Suite 202
New Albany, IN 47150*

Revised December 2012



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NOTICE OF PRIVACY PRACTICES RECEIPT

THE ATTACHED 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.

The attached document is our Notice of Privacy Practices. You may review it now or later. At some point, you should read the Notice carefully because it explains:

1. Generally how we use health care information about you.
2. That we may use and disclose your health information to provide treatment, to obtain payment for our services, and for our internal operations. We are not required to have your separate permission for these purposes.
3. Other circumstances where we may use or disclose information about your health without asking for your permission.
4. Your rights you have about your health information that we keep, including your rights to:
 - * Have a copy of our Notice of Privacy Practices.
 - * Review and copy your health information that we keep.
 - * A list of how we give out your health information for certain purposes.
 - * Ask that we use a special address or telephone number to contact you.
 - * Ask for limits on how we use your health information for certain purposes.
 - * Ask for an amendment to your record if you think it is not correct.
 - * File a complaint if you think your privacy rights have been violated.

Acknowledgement of Receipt: Orthopaedic Associates of Kentuckiana, PLLC provided me a copy of its Notice of Privacy Practices

Printed Name

Signature

Date