Pikes Peak Nephrology Associates, P.C.
Diplomates of the American Board of Internal Medicine and Sub-Specialty Board of Nephrology
1914 Lelaray Street
Colorado Springs, CO 80909
www.pikespeaknephrology.com
Phone: (719) 632-7641 Fax: (719) 632-2925

Roger L. Mallory, M.D. Melinda L. Hockensmith, M.D. Jesse A. Flaxenburg, M.D. Mark Cook, D.O.
Michael D. Ross, M.D. Derian C. Lai, M.D. Mark P. Albright, M.D.

Dear_____:

Welcome to Pikes Peak Nephrology Associates, P.C. and thank you for choosing us as your healthcare provider!

For your upcoming visit, please arrive on time for the completion of your registration. We will need your insurance cards and photo ID when you check in to our office. Late arrivals may be asked to reschedule.

Your appointment has been scheduled with the following physician:

_____Dr. Mallory _____Dr. Hockensmith _____Dr. Flaxenburg
_____Dr. Cook _____Dr. Ross _____Dr. Lai
_____Dr. Albright

Appointment time: M/T/W/TH/F _____ at ___: ___ am/pm

****Arrive for registration by: _____:_____am/pm**

OFFICE LOCATION: 1914 Lelaray St Colo Sprgs, CO 80909 850 Eagleridge Blvd Pueblo, CO 81008

You will find several forms in this new patient information packet. Please read and complete these forms to the best of your ability. The personal health history you provide will allow us to better serve you.

All patients seen in the Colorado Springs office will be asked to provide a urine specimen

New Patient Appointment Confirmation: We will send you a text message and/or call you 7 days *before* your appointment. We must speak with you to confirm your appointment at this time. Please **call** our office to confirm your appointment when we leave you a message or as you receive the text message from us. *If we are unable to contact you for confirmation of your appointment, it will be canceled.*

If You Need to Cancel Your Appointment: Kindly notify us 48 hours in advance of your appointment if you need to cancel or reschedule. Please note that rescheduled appointments may take 3 to 4 months to accommodate. If we do not receive the request to cancel or reschedule 48 hours prior to your appointment or your appointment is missed, your referring physician will be notified, and you may incur a $25.00 charge.

Thank you and we look forward to serving you for your kidney healthcare needs!

Pikes Peak Nephrology Associates P.C.

Patient Information

CORHIO (Colorado Regional Health Information Organization) Notification

Pikes Peak Nephrology Associates, P.C. endorses, supports, and co participates in electronic **Health Information Exchange (HIE)** as a means to improve the quality of your health and healthcare experience.

HIE provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and health care providers that participate in the HIE network.

Using HIE helps your health care providers to more effectively share information and provide you with better care.

The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care.

Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. However, you may choose to opt-out of participation in the CORHIO – HIE, or cancel an opt-out choice, at any time. Ask for more information from our staff if you chose to opt-out of this electronic system.

Prescription Policy

At Pikes Peak Nephrology we submit all of prescriptions electronically, from your medical record. We can send your prescriptions to your local pharmacy, a mail order pharmacy, or a military facility. You will be notified by a text message when any prescription or refill is sent from your chart, if we have your mobile phone number on file. Let us know your pharmacy of choice.

We do not prescribe or refill any medications that are managed by other Specialist or your Primary Care provider (PCP).

When requesting a refill of a medication prescribed by our office, contact your pharmacy before you run out of the medication. Requests and refills for prescriptions will be processed within 2 business days. Refills are not processed on holidays or weekends.

Colorado state law requires that our providers report all controlled prescriptions received from this office. Drug class II through V prescription information will be entered into **Colorado's Electronic Prescription Drug Monitoring Program** database when the medication is dispensed to you.

Pikes Peak Nephrology Associates, P.C.

Patient Authorization

PLEASE COMPLETE ALL INFORMATION ON THIS FORM IN ORDER TO SERVE YOU BETTER

Patient Name: _____Date: _____PPNA Chart #_____

For your privacy, please indicate to us the telephone number we should contact with communication (appointment reminders, lab results) from our office.

Home #_____OK to leave a message? **Yes** **No** (circle one)

Cell # _____ OK to leave a message? **Yes** **No** (circle one)

Your Email address: _____

If we are unable to speak with you directly and must leave a message, please indicate with whom we may leave a message:

Name: _____ Relationship_____ Phone Number:_____

Emergency Contact:

Name: _____ Relationship:_____ Phone Number:_____

Primary Care Physician: _____ Location of Primary Care_____

Referring Physician: _____

Text Messages & Email Notification

***We notify our patients via email (Patient Portal) and text messages for appointments and lab reminders. This may incur a charge with your cell phone carrier. If you consent to this service please initial here: _____

HIPAA

Notice to Patient: We are required to provide you with a copy of our Notice of Privacy Practices which states how we may use and/or disclose your health information. Please sign below to acknowledge receipt of this notice. You may refuse to sign this acknowledgement, if you wish.

I acknowledge that I have received a copy of this office's Notice of Privacy Practices. I understand that I may revoke this authorization form at any time by notifying this office in writing.

PATIENT SIGNATURE**_____** ***DATE*****_____**

PLEASE TURN THE PAGE

Pikes Peak Nephrology Associates, P.C.

Financial Policy and Billing Agreement

Patient Name: _____ Date of Birth: _____

Address: _____

Primary Insurance: _____ Insurance ID#: _____

Secondary Insurance:_____ Secondary Insurance ID#_____

*If you have Tricare insurance, Sponsor's social security number:_____

You will be asked to confirm or update this information at each visit. **It is your responsibility to notify us of any changes in your health care coverage**. All patients are required to provide social security information for themselves or the responsible party. If you opt not to provide this information, we require payment in full at the time of service.

All applicable co-payments and/or cost shares, and any outstanding patient due balances are due at the time of service. If co-payments are not paid on the date of service, a $10 billing fee may be charged to your account. We accept cash, check, debit and credit cards. **Obtaining referrals to our office is your responsibility.**

It is your responsibility to understand and comply with the terms of the insurance agreement you have purchased. We are not contracted to act as a fiscal intermediaries between you and your insurance. Please be aware that some services we provide, and perhaps all, may be non-covered services or may not be considered medically necessary under Medicare or other insurance companies. In these cases you are responsible for all charges. Patients with High Deductible Plans (HDP) will be asked to pay for the services after the visit.

If you do not have insurance coverage in effect please be prepared to pay for your services unless payment arrangements have been made in advance with the billing department at PPNA.

Missed Appointments keep other patients waiting longer to see their Nephrologist. We understand that on occasion an appointment will have to be rescheduled. Kindly give us a 48 hour notice of cancelation. It is our policy to charge $25 for a missed appointment. This is not payable by your insurance and is your responsibility.

For checks returned to us as unpaid by your bank, we will charge a $30 fee.

In the event your account becomes past due, additional billing fees may be assessed. If your account becomes delinquent, it may be forwarded to an outside collection agency. If this happens, you will be responsible for all additional charges related to this process.

I request that payment of authorized insurance benefits, including Medicare, if I am a Medicare beneficiary, be made on my behalf to the organization. I authorize the release of any medical or other information obtained by our office necessary to determine these benefits or the benefits payable for services to the organization, the Health Care Financing Administration, my insurance carrier or the medical entity.

I understand that I am financially responsible to this organization for any charges not covered by my health care benefits. Please contact our Billing Office at (719)955-7261 if you have any questions or concerns.

Patient /Guardian Signature: _____Date:_____

PIKES PEAK NEPHROLOGY ASSOCIATES, P.C. **Acct #_____**

PERSONAL HEALTH HISTORY **Provider:_____**

Patient Name: _____ Date: _____

Date of Birth: _____ Marital Status (circle one): Single / Married / Divorced / Widowed

Primary Physician: _____ Hospital Preference: _____

Do you smoke or have you ever smoked? _____ How many cigarettes do you smoke a day? _____

What age did you start smoking? _____ When did you quit? _____

Do you use medicinal or recreational marijuana?_____ How often?_____

Do you drink alcohol? _____ How often do you drink? _____

What is your occupation? _____ Disabled? _____ Retired? _____

Do you follow a special diet? _____ If so, what type? _____

Do you exercise on a routine basis? _____ If so, what type? _____

PERSONAL HISTORY:

	Yes	No	Explanation/Complications
Bleeding Disorder			
Blood Clots			
Cancer			
Diabetes			
Heart Attack			
High Blood Pressure			
High Cholesterol			
Kidney Disease			
Liver Disease			
Lupus			
Tuberculosis			
Congestive Heart Failure			
Other:			

SURGERIES:

	Yes	No	Explanation/Complications
Vascular Surgery			
Appendectomy			
Gall Bladder			
Hysterectomy			Ovaries still present?
Heart Surgery			
Other:			

FAMILY HISTORY:

	Age	Deceased? Y or N	Cause of Death/ Medical Problems
Mother			
Father			
Siblings			
Children			

PIKES PEAK NEPHROLOGY ASSOCIATES, P.C.

REVIEW OF SYSTEMS

(Please ***circle*** all that apply to your condition in the last 6 months)

Patient Name: _____ Date of Birth: _____ Date: _____

Constitutional:
- Fever
- Night sweats
- Loss of appetite
- Unintentional weight loss

Eyes:
- Loss of vision
- Double vision
- Cataracts
- Laser surgery for bleeding

Ear, Nose, Mouth, Throat:
- Hearing loss
- Dizziness or "spinning" sensation
- Ringing in ears
- Sinus problems
- Nosebleeds
- Strep throat
- Recent dental problems

Respiratory:
- Chronic cough
- Sputum production
- Coughing up blood
- Asthma or wheezing
- Exposure to tuberculosis
- Current smoker
- Snoring
- Poor quality sleep

Cardiovascular:
- Chest pain or short of breath with activity
- Fainting spells
- Palpitations or fluttering sensation in chest
- Shortness of breath at night
- Leg or ankle swelling
- Calf pain with walking

Gastrointestinal:
- Nausea
- Frequent vomiting
- Heartburn
- History of ulcers
- Chronic diarrhea
- Hepatitis
- Bloody stools
- Black stools
- Colonoscopy in past 2 years

Musculoskeletal:
- Arthritis
- Joint replacement
- Osteoporosis
- Chronic back pain
- Muscle pain
- Trouble getting out of a chair or climbing stairs
- Use of a walker or cane
- Fractures requiring surgery for repair

Hematologic/Lymphatic:
- Easy bruising
- Anemia
- Frequent infections
- Swollen glands
- Prior blood transfusion

Genitourinary:
- Bloody or tea-colored urine
- Foamy urine
- Frequent urination at night
- Weak urine stream
- Kidney stones
- Kidney infections
- Prostate problems

Neurological:
- Prior stroke
- Seizures
- Frequent headaches
- Trouble with memory
- Numbness of feet

Skin:
- Skin rash
- Ulcers of skin or legs or feet
- Purple toes or fingers
- Worrisome moles
- Skin cancers
- Bothersome itching

Endocrine:
- Thyroid disease
- Parathyroid disease
- Diabetes mellitus
- Adrenal gland disease

Psychiatric:
- Excessive sadness
- Anxiety
- Thoughts of self-harm
- Trouble sleeping

Allergic/Immunologic:
- Hay fever
- Allergies to medicines
- Prednisone or other steroid use
- Treatment with immune suppressing drugs for cancer or other illness

****All symptoms that are not circled are negative.**

Medication Chart

Acct#_____
Provider: _____

Please tell us what prescriptions and over the counter medications you take and any drug allergies.

Name: _____ DOB:_____ Date:_____

Name of medication	Dose (milligrams)	How many times per day?	Who prescribed it for you? (Physician's last name)	Why do you take it?	Do you have any side effects? Please describe.
Over the counter medications, herbal remedies and vitamins					
Drug Allergies					

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Pikes Peak Nephrology Associates P.C.

1914 Lelaray Street, Colorado Springs, CO 80909 PH: 719-632-7641 Office hours: Monday – Friday 7:30am -4:30pm

Important Office Information

Laboratory Testing

Lab testing is very important for all appointments. All follow-up appointments at PPNA require you to obtain lab work 1 to 2 weeks *prior* to your scheduled appointment with our doctor, unless otherwise directed. In the event your lab work is not available to us you may be asked to reschedule your appointment. Testing done on military bases are difficult to obtain and you may be asked to pick up the results.

We request that all PPNA patients obtain their laboratory testing at **LabCorp or Quest Diagnostics.** These lab facilities are the most economical for your insurance and you. **Military/Tricare** patients may obtain their laboratory testing at **LabCorp.** We encourage you go directly to Labcorp/Quest and present our lab order to ensure that we receive the results in a timely manner. These facilities are open on Saturday. As a general rule, our physicians review lab results with you at each appointment. Please retain your lab order to streamline testing when the time comes for you to have the blood test. If you have misplaced the original order, contact our office at least 2 business days in advance to request a pickup or fax another copy.

Radiology/Ultrasound Testing

If your Nephrologist has ordered additional testing for any radiology/ultrasound procedures, your orders will be sent to Penrad Imaging, unless you tell us your preference. Penrad Imaging will contact you to schedule your Imaging test. If you have not been contacted within 3 business days for scheduling, please call Penrad scheduling department. Penrad is contracted with all major insurances. Penrad has numerous locations along the Front Range.

Contacting Your Nephrologist

Our physicians are with *scheduled* patients during regular office hours, Monday -Friday 7:30am to 4:30pm. If you require contact with your provider in between appointments, you will need to leave a detailed message with the office Operator. The Medical Assistant will speak with the doctor and return your telephone call within 2 business days. You can also email the Medical Assistant through the Patient Portal. Patient Portal sign up is quick and easy.

Hospitalization

Pikes Peak Nephrology Physicians provide 24/7 coverage at both hospital systems in Colorado Springs. Hospital rounding is provided by the practice physician assigned. Although you may not see your primary Nephrologist if you are hospitalized, rest assured you are being taken care of by your Nephrologists partner.

Patient Portal

The patient portal is available to all PPNA patients. You can view your test results from Labcorp/Quest and send messages to PPNA staff through the portal. Please speak with any staff member to get registered.

Notice of Privacy Practices
Pikes Peak Nephrology Associates, P.C.

Effective date: February 19, 2021

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. We welcome any questions you may have to assist in understanding this document.**

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our **website or we will mail a copy to you upon request.**

Your Rights : When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way about your medical information (for example, home or office phone) or to send your medical information to a different address.
- We will say, "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared (disclosed) your health information, for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can file a complaint with us if you feel we have violated your rights by contacting our Privacy Officer.

- To file a complaint with our organization, please submit your request in writing to the Privacy Officer **Robin Largin 1914 Lelaray St, Colorado Springs, CO, 719-632-7641 , Robin.largin@pikepeaknephrology.com**
- You can file a complaint with the U.S. Department of Health and Human Services' Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, contact us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference - for example, if you are unconscious, we may share your information if we believe it is in your best interest to do so. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these following cases, we **never** share your information unless you give us written permission:

- Marketing purposes
- Sale of your protected health information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again. We will honor your request to not contact you again.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

- **Treatment**
  We can use your health information and share it with other professionals who are treating you.
  Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- **Run our organization**
  We can use and share your health information to run our practice, improve your care, and contact you when necessary.
  Example: We use health information about you to manage your treatment and services.
- **Bill for your services**
  We can use and share your health information to bill and get payment from health plans or other entities.
  Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.