Idaho Falls: 2680 Channing Way, Idaho Falls, ID 83404
Rexburg: 32 Madison Professional Park, Suite B, Rexburg, ID 83440
Blackfoot: 1443 Parkway Dr, Blackfoot, ID 83221
Phone: (208) 523-7667 **Fax:** (208) 523-7668

NEUROLOGY
& SLEEP
SPECIALISTS
an affiliate of Mountain View Hospital

Name_____ **Email**_____
First Middle Last

Address_____
Street City State Zip

Date of Birth_____ **Age**_____ **Sex**_____ **Social Security #** _____

Race _____ ***Hispanic, Latino, or Spanish origin?*** **Yes or No**

Home/other phone_____ **Cell** _____ **Prefer text or call for reminders?** _____

Occupation_____ **Employer**_____

Spouse's Name_____ **DOB**_____ **Phone number**_____

Emergency Contact #1 _____
Name relationship Phone #

Emergency Contact #2 _____
Name relationship Phone #

Referring Physician_____ **Primary Care Physician**_____

INSURANCE

Primary Insurance_____
Insurance Name Policy # Group #

Policy Holder_____
Name SS# Date of Birth

Secondary Insurance_____
Insurance Name Policy # Group #

Policy Holder_____
Name SS# Date of Birth

PATIENT RECORD OF DISCLOSURE

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information. The individual is also provided the right to request confidential communications or that a communication of protected health information be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply)

- o Home Telephone_____
  - o OK to leave message with detailed information
  - o Leave message with callback number only
- o Work Telephone_____
  - o OK to leave message with detailed information
  - o Leave message with callback number only
- o Written Communication
  - o OK to mail to home address
  - o OK to mail to my work address
  - o OK to fax to this number

  _____
- o Release to Spouse
  - o YES
  - o NO

_____ _____

Patient Signature Date

_____ _____

Print Name Date of Birth

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use of disclosure of, and request for protected health information to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.
Healthcare entities must keep records or protected health information disclosures. Information provided below, if completed properly, will constitute an adequate record.
Note: Uses and disclosures of information may be permitted without prior consent in an emergency.

Name	DOB	Length of Disclosure	Purpose of Disclosure

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PAYMENT AND NO SHOW POLICIES:

All charges are due at the time of service. Any additional charges are due and payable within 90 days. As a courtesy to our patients, we will file your insurance claim. However, you are responsible for all charges regardless of your insurance coverage. If sent to collections, all collection agency fees and attorney fees will be incurred by the patient if not paid as agreed. Because we are an affiliate of Mountain View Hospital, they handle our billing. The billing office phone number is (208) 557-2871.

As a new patient, if you no show for your first appointment, YOU MAY NOT BE ABLE TO RESCHEDULE. When you have missed 3 appointments as an established patient, you may be discharged from our practice. If you miss an appointment or do not cancel 24 hours before a scheduled appointment, you will be charged a $50.00 no show fee, which is not covered by insurance.

I authorize the Sleep Specialists to release any information acquired in the course of my treatment to my insurance company. I also authorize payment directly to Mountain View Hospital for medical services.

_____
PRINT NAME

_____ _____
SIGNATURE DATE