

Leaders in outcomes oriented, evidence based, compassionate, cost effective care Patient Instructions for Pulmonary Function Testing

Stop the following medications as follows:

None within 8 hours	None withi	n 24 hours	None within 48 hours
Albuterol Atrovent Combivent Ipratropium Pro-Air Proventil Terbutaline Ventolin Xopenex	Advair AirDuo Alvesco Asmanex Bevespi Brovana (arformoterol) Dulera Flovent Foradil (formoterol) Lonhala Perforomist Pulmicort (budesonide)	Qvar Serevent (salmeterol) Stiolto Striverdi Symbicort Wixela Yupelri	Anoro Arcapta Arnuity Breo Incruse Seebri Spiriva Trelegy Tudorza Utibron

- 3. Please take any and all medications *not* listed above as usual.
- 4. Please refrain from the following:
 - Smoking 1 hour prior to testing
 - Eating a large meal two hours prior to testing
 - Consuming caffeine the day of the test (including energy drinks, coffee, and tea)
 - Consuming alcohol 4 hours prior to testing
 - Vigorous exercise 30 minutes prior to testing
 - Wearing restrictive, tight-fitting clothing, perfume, cologne, or lipstick
- 5. Please allow approximately one hour to complete the testing.
- 6. If you are unable to keep your appointment for any reason, please notify us at least 24 hours in advance to avoid a \$50 missed appointment fee. We have set aside your appointment time just for you.
- 7. If you have any questions or need to reschedule, please call 916-679-3590.

rev. 04 2021



PULMONARY, CRITICAL CARE, INFECTIOUS DISEASE AND SLEEP MEDICINE ASSOCIATES

www.pmamed.com
PMA Portal: https://1119.portal.athenahealth.com

WELCOME TO OUR PRACTICE

•	you have scheduled an appointment with Pulmonary Medicine, Infectionare Consultants Medical Group.	JS
	Your Appointment has been scheduled	
	Date:	
	Time:	
	Provider:	
	At the following Location:	
	☐ 5 Medical Plaza Dr., Suite 190, Roseville, CA 95661	
	🗌 1508 Alhambra Blvd., Suite 200, Sacramento, CA 95816	
Plage	arrive at least 30 minutes prior to your scheduled appointment time	

Please arrive at least 30 minutes prior to your scheduled appointment time

PMA providers care for some of the most complicated and critically ill patients in the Greater Sacramento Area, both in area hospitals and in the outpatient office environment in two locations. PMA providers are specialists in pulmonary diseases, infectious diseases, sleep medicine, hyperbaric oxygen treatment, palliative care and critical care medicine. PMA providers are Board Certified.

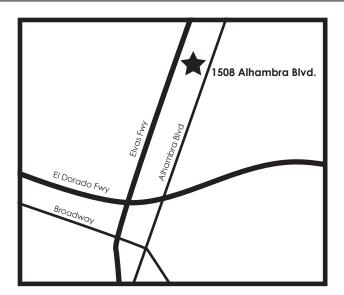
Our goal is to provide you with exceptional medical care and superior service. To help ensure you have the best possible visit, we offer a few tips:

- 1. Please completely fill out the attached Demographic and Health History Questionnaire prior to your arrival for your first appointment. If you have completed all the requested paperwork prior to your appointment. If you are unable to complete the required paperwork prior to your appointment, you must arrive 60 minutes prior to your scheduled time or your appointment may be rescheduled. We know that sounds like a long time, but PMA providers would like to ensure that they have as much information about you as needed to provide you with exceptional medical care.
- 2. Please bring in all prescription and over-the-counter medications you are taking, **and the dates of your current Flu, Pneumonia, and COVID vaccines**.
- 3. Write down your questions or issues that you would like to discuss with the provider during your visit so you won't forget to ask and your time will be well spent.
- 4. Please bring your insurance card(s) and photo identification. We are required to verify the identity and insurance eligibility of all of our patients. We are also required to collect any co-payments and/or deductibles at the time services are provided.
- 5. Bring cash, check or credit card for your co-payment or deductible.

If you are unable to keep your appointment for any reason, please notify us at least 24 hours in advance to avoid a \$50 missed appointment fee. We have set aside your appointment time just for you.

Should any questions or concerns arise before your next visit with us, please feel free to contact PMA's Central Scheduling Office by calling (916) 679-3590. We are here to help Monday through Friday from 8:00 a.m.-4:30 p.m and closed for lunch from 12:00 p.m. -1:00 p.m.

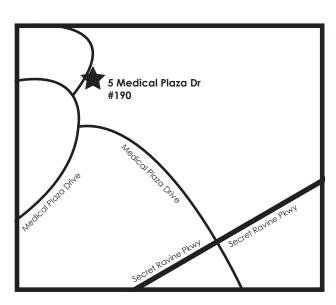
Directions



Alhambra Office 1508 Alhambra Blvd. Sacramento, CA 95816

Roseville Office

5 Medical Plaza Dr., Suite 190 Roseville, CA 95661



Benefits of the Patient Portal

- View your visit summary
- View your lab results on your time
- Message your care team directly anytime, anywhere
- View account balances, statements and pay bills online
- Q: Is my information secure?
- A: Yes. Safeguarding your information is a priority for us. To ensure the security of your personal information, we use industry-standard encryption to prevent unauthorized access to your data.
- Q: How do I register for the Patient Portal?
- A: When you come in for your appointment, ask our registration staff to get you registered. You must have a personal email address to get started. We will send you a special email that will take you through the registration process.
- A: You can also register for an account, by calling 916-679-3590, to receive a portal registration email.
- Q: How do I access the Patient Portal?
- A: PMA website: https://1119.portal.athenahealth.com and enter your email and password.
- A: Call us at 916-679-3590 and we will be happy to help.



Today's Date_____

PATIENT INFORMATION				
Last Name	First Name_	Middle		
Social Security Number				
Street Address	City	State Zip Code		
Date of Birth	Sex: Male Female Pregnant:	☐ Yes ☐ No Marital Status		
Race:	Ethnicity:			
Home Phone	Work Phone	Cell Phone		
Email Address	Preferred Method of Contact			
Referring Doctor	Primary Doctor			
Preferred Pharmacy	Preferred Diagnostic Lal	o		
Preferred Imaging Facility				
R	ESPONSIBLE PARTY / GUA	ARANTOR		
☐ Same as patient				
Last Name	First Name	Relation to Patient		
Home Phone	Date of Birth	Email		
Street Address	City	State Zip Code		
Spouse or Parent (if patient is a minor	·)			
Last Name	First Name	Relation to Patient		
Date of Birth Sex: Male Female Social Security Number				
Home Phone	Cell Phone	Email		
INSURANCE				
PRIMARY INSURANCE				
Insurance Company Name	Billing Address	Billing Phone		
Group Number	Policy or ID Number	Effective Date		
SECONDARY INSURANCE				
Insurance Company Name	Billing Address	Billing Phone		
Group Number	Policy or ID Number	Effective Date		
EMERGENCY CONTACT				
In addition to being my emergency of medical and/or financial issues.	contact, I authorize PMA to communicate v	with the individual listed below regarding any		
Name		Relationship		
Home Phone	Work Phone	Cell Phone		
I HEREBY AUTHORIZE MEDICAL TREATMENT FOR THE ABOVE INDIVIDUAL BY PULMONARY MEDICINE, INFECTIOUS DISEASE AND CRITICAL CARE CONSULTANTS. I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID DIRECTLY TO THE ABOVE NAMED PROVIDER, REALIZING AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.				
Signature of Patient		Date		
Signature of Insured, Parent or Legal	Agent	Date		

Thank you for choosing PMA to participate in your medical care. We are committed to providing the best possible medical care to our patients while also minimizing administrative costs. This financial policy has been established with these objectives in mind, and to prevent any misunderstanding or disagreement concerning payment for professional services.

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Initials	PMA requires that you provide a copy of your current insuran	ce card and photo ID at every visit.			
Initials	PMA participates with numerous insurance plans. For patients who are covered by one of these insurance plans, our billing office will submit a claim for our services, directly to your insurance.				
Initials	As a requirement of both PMA and your insurance company,	Co-payments are due at the time of service.			
Initials	Payment of Co-Insurance or any charges not covered by your plan is required at the time of service.				
Initials	_ Payment is required in full at the time of service from uninsured patients, unless arrangements have been made with the Business Office in advance.				
Initials	Payment for services can be made with cash, check or credit card (a \$10 fee will be charged for any checks returned by your bank as unprocessed).				
Initials	It is the patient's responsibility to ensure that any required referrals for treatment are provided to the practice prior to the visit. Visits may be rescheduled due to lack of referral or authorization.				
Initials	PMA charges a missed appointment fee of \$50 if you do not cancel the appointment at least 24 hours in advance. Insurar receive a bill.				
Initials	Any account over 90 days old will be turned over to a collection agency unless arrangements have been made with the Business Office, and any payment plan is up-to-date.				
Initials	Our staff members are happy to answer insurance questions additional information the payer might need to process the addressed by the insurance company member services deprinsurance card.	claim. However, specific coverage issues can only be			
undei	onary Medicine Associates firmly believes that a good physicial standing and good communication. All questions and commed to the central billing office (916) 482-7623, option 1. We are	nunication about financial arrangements should be			
Initials	DESIGNATION OF CERTAIN RELATIVES, CLOSE FRIENDS AND C	THER CAREGIVERS AS MY PERSONAL REPRESENTATIVE:			
perso will dis	e that the practice may disclose my health information to a Pen is involved with my health care or payment relating to my healthse only information that is directly relevant to the person's itself health care.	ealth care. In that case, Pulmonary Medicine Associates			
Print N	lame:	Phone #:			
Print N	lame:	Phone #:			
Print N	lame:	Phone #:			
I ad undI he respI undI fullI und	OWLEDGMENT: Eknowledge that I have received access to the "Notice of Prividerstand the "HIPAA & Release of Medical Information Policy". Preby authorize PMA to release any information requested by the pective representatives and act as my agent to secure payment aderstand that I am financially responsible to the physician for addorderstand that I am financially responsible to the physician for addorderstand that I accept the terms out a derstand that no warranty or guarantee has been made to make to make the province of the province of the privilege of the terms of the province of the privilege	he insurance company or companies or ent from any and all services rendered. any and all charges incurred by myself utlined in each of the policies.			
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NOTICE OF PRIVACY PRACTICES

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. You have the right to obtain a paper copy of this Notice upon request.

Patient Health Information

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information. Your information may be stored electronically and if so is subject to electronic disclosure.

How We Use and Disclose Your Patient Health Information

<u>Treatment</u>: We will use and disclose our health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

<u>Payment</u>: We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment or disclose your information to payors to determine whether you are enrolled or eligible for benefits. We will submit bills and maintain records of payments from your health plan.

Health Care Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, arranging for legal services and to assess the care and outcomes of your case and others like it.

Special Uses and Disclosures

Following a procedure, we will disclose your discharge instructions and information related to your care to the individual who is driving you home from the center or who is otherwise identified as assisting in you post-procedure care. We may also disclose relevant health information to a family member, friend or others involved in your care or payment for your care and disclose information to those assisting in disaster relief efforts.

Other Uses and Disclosures

We may be required or permitted to use or disclose the information even without your permission as described below:

<u>Required by Law</u>: We may be required by law to disclose your information, such as to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.

<u>Research:</u> We may use or disclose information for approved medical research.

<u>Business Associates</u>: We may disclose your health information to business associates (individuals or entities that perform functions on our behalf) provided they agree to safeguard the information.

<u>Public Health Activities:</u> We may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.

<u>Health Oversight:</u> We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.

Judicial and Administrative Proceedings:
We may disclose information in response to an appropriate subpoena or court order.

Law Enforcement Purposes: We may disclose information needed or requested by law enforcement officials or to report a crime on our

premises.

<u>Deaths</u>: We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies. <u>Serious Threat or Health or Safety</u>: We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Special Government Functions: If you are a member of the armed forces, we may release information required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.

<u>Workers Compensation</u>: We may release information about you for workers compensation or similar programs providing benefits for work related injuries or illness. <u>Messages</u>: We may contact you to provide appointment reminders or for billing or collections and may leave messages on you answering machine, voice mail or through other methods.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your health information for marketing purposes or sell your health information unless you have signed an authorization.

Individual Rights

You have the following rights with regard to your health information. Please contact the Contact Person listed below to obtain the appropriate form for exercising these rights.

You may request restrictions on certain uses and disclosures. We are not required to agree to a requested restriction, except for requests to limit disclosures to your health plan for purposes of payment or health care operations when you have paid in full, out-of-pocket for the item or service covered by the request and when the uses or disclosures are not required by law.

You may ask us to communicate with you

You may ask us to communicate with you confidentially for example, sending notices to a special address or not using postcards to remind you of appointments.

☐In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for the copies.

 \square You have the right to request that we amend your information.

You may request a list of disclosures of information about you for reasons other than treatment, payment, or health care operations and except for other exceptions.

You have the right to obtain a paper copy of the current version of this Notice upon request, even if you have previously agreed to receive it electronically.

Our Legal Duty

We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding protected health information, and to abide by the terms of the Notice currently in effect. We are required to notify affected individuals in the event of a breach involving unsecured protected health information.

Changes in Privacy Practices

We may change our policies at any time and make the new terms effective for all health information we hold. The effective date of this Notice is listed at the bottom of the pate. If we change our Notice, we will post the new Notice in the waiting area. For more information about our privacy practices, contact the person listed below.

Complaints

If you are concerned that we have violated your privacy rights, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

Contact Person

If you have any questions, requests, or complaints, please contact:

1300 Ethan Way, Suite 600 Sacramento, CA 95825 Telephone: 916-482-7623 Fax: 916-488-7432

Version 2020.1