

Patient's Name (Last Name, First Name, and Middle):

Date of Birth:

Address:

City: Zip Code:

SSN:

Status: New Patient

Male: Female:

Phone (Mobile): Consent to Text: Phone (Home)

Email Address:

Marital Status: Married: Single: Divorce: Separated: Widowed: Partnered:

Race: African American Asian White
 Hispanic Native American Others

If you are referred by Hospital? : Baptist Memorial Mayo
 (Check one) St. Vincent's UF Health Duval Health Dept.

Preferred Pharmacy Name & Address:

Preferred Language:

Reason of Visit:

Family Size: Adults ____ Under 18 ____		18-21--Student ____	Unborn ____	Family Size TOTAL ____
FAMILY MEMBERS NAME (First and Last)		DOB	EMPLOYER	GROSS EARNED INCOME LAST 4 WKS
				GROSS UNEARNED INCOME LAST 4 WKS (Do not include TCA or SSI)
SELF				\$
SPOUSE/PARTNER				\$
CHILD				\$
CHILD				\$
CHILD				\$
CHILD				\$
			TOTALS	\$
		Add earned and unearned income to determine total		TOTAL INCOME \$ _____

Health History Questionnaire (PLEASE WRITE CLEARLY)

Patient Name: _____ Date of Birth: _____

Social History

Caffeine	Alcohol	Tobacco	Exercise
None	Yes / No	Never	None
If Yes, How often?	If Yes, How Often?	Former smoker	Occasional
Occasional	Occasional	Current smoker every day smoker	Moderate
Moderate	Moderate	Current some day smoker	High level
Heavy	Heavy	Has smoked since age	
# of cups/cans per day _____	How many drinks Per week? _____	Tobacco-years of use _____ Year quit : _____ Cigarettes : _____ Packs / Day Chew : _____ day Cigars : _____ day	

Do you currently use recreational or street drugs: Yes / No
If yes, please list:

PAST SURGICAL HISTORY

Surgery	Reason	Year	Hospital

PAST MEDICAL HISTORY (Please check all that apply)

Anxiety Disorder	Diabetes - Insulin	Heart Murmur	Leg/Foot Ulcers
Arthritis	Diabetes - Non-Insulin	Hiatal Hernia or Reflux Disease	Liver Disease
Asthma	Dialysis	HIV or AIDS	Osteoporosis
Bleeding Disorder	Diverticulitis	High Cholesterol	Polio
Blood Clots (or DVT)	Fibromyalgia	High Blood Pressure	Pulmonary Embolism
Cancer	Gout	Overactive Thyroid	Reflux or Ulcers
Coronary Artery Disease	Has Pacemaker	Kidney Disease	Stroke
Claustrophobic	Heart Attack	Kidney Stones	Tuberculosis

Health History Questionnaire (PLEASE WRITE CLEARLY)

Patient Name: _____ Date of Birth: _____

Favorite Pharmacy: _____ Location: _____

ALLERGIES

List anything that you are allergic to (medications, food, bee stings, etc.) and how each affects you

	ALLERGIES	REACTION
1.		
2.		
3.		
4.		

MEDICATIONS

Please list all the medications you are taking.

Drug Name	Strength	# of Tablets	Frequency Taken
1.			
2.			
3.			
4.			
5.			

IMMUNIZATIONS

Immunizations	Year	Immunizations	Year	Immunizations	Year
Chicken Pox		Flu Shot		Gardasil/HPV	
Hepatitis A		Hepatitis B		Meningococcus	
MMR (Measles, Mumps, and Rubella)		Pneumonia		T dap (Tetanus and pertussis)	

FAMILY HEALTH HISTORY (Please circle all that apply)

Father	Alcoholism Arthritis Depression Cancer Diabetes Heart disease Hypertension Osteoporosis Stroke
Mother	Alcoholism Arthritis Depression Cancer Diabetes Heart disease Hypertension Osteoporosis Stroke
Brother/Sister	Alcoholism Arthritis Depression Cancer Diabetes Heart disease Hypertension Osteoporosis Stroke
Other :	Alcoholism Arthritis Depression Cancer Diabetes Heart disease Hypertension Osteoporosis Stroke
Other :	Alcoholism Arthritis Depression Cancer Diabetes Heart disease Hypertension Osteoporosis Stroke
Other:	Alcoholism Arthritis Depression Cancer Diabetes Heart disease Hypertension Osteoporosis Stroke



Muslim American Social Services (MASS)

MASS Clinic is here to serve our neighbors who have no insurance and have little to no income. However, you must fall between certain financial guidelines amounts for referrals and routine testing, so it is to your benefit to seek care at a hospital affiliated clinic if you have no income or minimum income. No person shall be subjected to discrimination on the basis of race, national origin, religion, sex, handicap or disabilities.

The quality medical care that you receive is provided by a volunteer physician and/or hospital. Please make sure to express your thanks for these free services.

No Show Policy

If the patient “does not call or does not show up” for the third scheduled appointment. Patient will lose access to services for six months. A patient will be considered a “no call/no show” 15 minutes after their appointment time.

Reporting Changes

All changes to household size, income, address, phone number and/or email **MUST** be reported to the clinic within 10 days. **Failure to report changes could result in a loss of clinic services.**

What we can provide you.

- Quality health care in a safe , friendly environment
- Respect as an individual
- Access to specialty care if We Care eligible
- Prayer support

Services NOT provided by the Clinic

- Pain Medication and/or Control substance prescription.
- Prepare medical evidence for Social Security Disability (SSD) or SSI.
- Maternity Services

Medicine

- You must have an appointment for a prescription refill (call 2 weeks in advance).
- If you have problems with the medication you are prescribed, please call the clinic.

Referrals: Referrals are provided through We Care Jacksonville.



Muslim American Social Services (MASS)

Summary HIPAA Notice of Privacy Practices

MASS Clinic complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The MASS Clinic protects confidential health care information, known as “Protected Health Information” (PHI). Below is a summary of your privacy rights under HIPAA. The MASS Clinic legal duties and privacy practices regarding your PHI are also included in this Summary Notice.

MASS Clinic may use and give your health information to:

- Treat you
- Operate health care services

MASS Clinic may use and give your health information for:

- Law enforcement requests
- Judicial and administrative proceedings related to legal actions
- Healthcare fraud and abuse detection or compliance with the law
- Use by another healthcare provider treating you
- Government health oversight activities
- Reports required by law related to births, deaths or diseases
- Reports required by law related to neglect and abuse, or domestic violence
- Notifying a party about exposure to a possible communicable disease
- Use by another healthcare provider for payment to that provider
- Military, national defense and security or other governmental functions
- Workers’ compensation purposes and in compliance with related laws
- Averting a serious threat to public health and safety

You have the right to:

- Inspect or get a copy of your medical record
- Change information on your medical record if you think it is incorrect
- Get a list of persons whom MASS Clinic shared your PHI
- Ask The MASS Clinic to limit the information it shares
- Ask for a copy of your privacy notice
- Write a letter of complaint to MASS or the federal government

If you have any questions or if you wish to file a complaint, or exercise any rights listed in this Summary or the complete Notice, please contact Executive Director of MASS Clinic.



Muslim American Social Services (MASS)

Alert for Electronic Communications

E-Mail Correspondence:

A. Patients and/or personal representatives who want to communicate with their health care providers by e-mail should consider all of the following issues **before** signing an Authorization to Use or Disclose Protected Health Information via Electronic Media:

- 1) E-mail at MASS Clinic can be forwarded, intercepted, printed and stored by others.
- 2) E-mail communication is a convenience and not appropriate for emergencies or time-sensitive issues.
- 3) Highly sensitive or personal information should not be communicated by e-mail (i.e., HIV status, mental illness, chemical dependency, and workers compensation issues.)
- 4) Employers generally have the right to access any e-mail received or sent by a person at work.
- 5) Staff other than the health care provider may read and process e-mail.
- 6) Clinically relevant messages and responses will be documented in the medical record.
- 7) Communication guidelines must be defined between the clinician and the patient, including, (a) how often e-mail will be checked, (b) instructions for when and how to escalate to phone calls and office visits, and (c) types of transactions that are appropriate for e-mail.
- 8) E-mail message content must include (a) the subject of the message in the subject line, i.e., prescription refill, appointment request, etc., and (b) clear patient identification including patient name, and telephone number in the body of the message.
- 9) MASS Clinic will not be liable for information lost or misdirected due to technical errors or failures.

The following confidentiality statement is recommended for inclusion in all e-mails between patients and physicians:

NOTE: This communication may contain information that is legally protected from unauthorized disclosure. If you are not the intended recipient, please note that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this message in error, you should notify the sender immediately by telephone or by return email and delete this message from your computer.

- (1) In accordance with s. 13, Art. X, State Constitution, the state, for itself and for its agencies or subdivisions, hereby waives sovereign immunity for liability for torts, but only to the extent specified in this act. Actions at law against the state or its agencies or subdivisions to recover damages in tort for money damages against the state or its agencies or subdivisions for injury or loss of property, personal injury, or death caused by the negligent or wrongful act or omission of any employee of the agency or subdivision while acting within the scope of his office or employment under circumstances in which the state or such agency or subdivision, if a private person, would be liable to the claimant, in accordance with the general laws of this state, may be prosecuted subject to the limitations specified in this act. Any such action may be brought in the county where the property in litigation is located or, if the affected agency or subdivision has an office in such county for the transaction of its customary business, where the cause of action accrued.
- (2) As used in this act, "state agencies or subdivisions" include the executive departments, the Legislature, the judicial branch (including public defenders), and the independent establishments of the state; counties and municipalities, and corporations primarily acting as instrumentalities or agencies of the state, counties, or municipalities, including the Spaceport Florida Authority.
- (3) Except for a municipality and the Spaceport Florida Authority, the affected agency or subdivision may, at its discretion, request the assistance of the Department of Insurance in the consideration, adjustment, and settlement of any claim under this act.
- (4) Subject to the provisions of this section, any state agency or subdivision shall have the right to appeal any award, compromise, settlement, or determination to the court of appropriate jurisdiction.
- (5) The state and its agencies and subdivisions shall be liable for tort claims in the same manner and to the same extent as a private individual under like circumstances, but liability shall not include punitive damages or interest for the period before judgment. Neither the state nor its agencies or subdivisions shall be liable to pay a claim or a judgment by any one person which exceeds the sum of \$100,000 or any claim or judgment, or portions thereof, which, when totaled with all other claims or judgments paid by the state or its agencies or subdivisions arising out of the same incident or occurrence, exceeds the sum of \$200,000. However, a judgment or judgments may be claimed and rendered in excess of these amounts and may be settled and paid pursuant to this act up to \$100,000 or \$200,000, as the case may be; and that portion of the judgment that exceeds these amounts may be reported to the Legislature, but may be paid in part or in whole only by further act of the Legislature. Notwithstanding the limited waiver of sovereign immunity provided herein, the state or an agency or subdivision thereof may agree, within the limits of insurance coverage provided, to settle a claim made or a judgment rendered against it without further action by the Legislature, but the state or agency or subdivision thereof shall not be deemed to have waived any defense of sovereign immunity or to have increased the limits of its liability as a result of its obtaining insurance coverage for tortious acts in excess of the \$100,000 or \$200,000 waiver provided above. The limitations of liability set forth in this subsection shall apply to the state and its agencies and subdivisions whether or not the state or its agencies or subdivisions possessed sovereign immunity before July 1, 1974.
- (6)(a) An action may not be instituted on a claim against the state or one of its agencies or subdivisions unless the claimant presents the claim in writing to the appropriate agency, and also, except as to any claim against a municipality or the Spaceport Florida Authority, presents such claim in writing to the Department of Insurance, within 3 years after such claim accrues and the Department of Insurance or the appropriate agency denies the claim in writing; except that, if such claim is for contribution pursuant to s. 768.31, it must be so presented within 6 months after the judgment against the tortfeasor seeking contribution has become final by lapse of time for appeal or after appellate review or, if there is no such judgment, within 6 months after the tortfeasor seeking contribution has either discharged the common liability by payment or agreed, while the action is pending against him, to discharge the common liability.
 - (b) For purposes of this section, the requirements of notice to the agency and denial of the claim pursuant to paragraph (a) are conditions precedent to maintaining an action but shall not be deemed to be elements of the cause of action and shall not affect the date on which the cause of action accrues.
 - (c) The claimant shall also provide to the agency the claimant's date and place of birth and social security number if the claimant is an individual, or a federal identification number if the claimant is not an individual. The claimant shall also state the case style, tribunal, the nature and amount of all adjudicated penalties, fines, fees, victim restitution's fund, and other judgments in excess of \$200, whether imposed by a civil, criminal, or administrative tribunal, owed by the claimant to the state, its agency, officer or subdivision. If there exists no prior adjudicated unpaid claim in excess of \$200, the claimant shall so state.
 - (d) For purposes of this section, complete, accurate, and timely compliance with the requirements of paragraph (c) shall occur prior to settlement payment, close of discovery or commencement of trial, whichever is sooner; provided the ability to plead setoff is not precluded by the delay. This setoff shall apply only against that part of the settlement or judgment payable to the claimant, minus claimant's reasonable attorney's fees and costs. Incomplete or inaccurate disclosure of unpaid adjudicated claims due the state, its agency, officer, or subdivision, may be excused by the court upon a showing by the preponderance of the evidence of the claimant's lack of knowledge of an adjudicated claim and reasonable inquiry by, or on behalf of, the claimant to obtain the information from public records. Unless the appropriate agency had actual notice of the information required to be disclosed by paragraph (c) in time to assert a setoff, an unexcused failure to disclose shall, upon hearing and order of court, cause the claimant to be liable for double the original undisclosed judgment and, upon further motion, the court shall enter judgment for the agency in that amount. The failure of the Department of Insurance or the appropriate agency to make final disposition of a claim within 6 months after it is filed shall be deemed a final denial of the claim for purposes of this section. For purposes of this subsection, in medical malpractice actions, the failure of the Department of Insurance or the appropriate agency to make final disposition of a claim within 90 days after it is filed shall be deemed a final denial of the claim. The provisions of this subsection do not apply to such claims as may be asserted by counterclaim pursuant to s. 768.14.
- (7) In actions brought pursuant to this section, process shall be served upon the head of the agency concerned and also, except as to a defendant municipality or the Spaceport Florida Authority, upon the Department of Insurance; and the department or the agency concerned shall have 30 days within which to plead thereto.
- (8) No attorney may charge, demand, receive, or collect, for services rendered, fees in excess of 25 percent of any judgment or settlement.
- (9)(a) No officer, employee, or agent of the state or of any of its subdivisions shall be held personally liable in tort or named as a party defendant in any action for any injury or damage suffered as a result of any act, event, or omission of action in the scope of his employment or function, unless such officer, employee, or agent acted in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property. However, such officer, employee, or agent shall be considered an adverse witness in a tort action for any injury or damage suffered as a result of any act, event, or omission of action in the scope of his employment or function. The exclusive remedy for injury or damage suffered as a result of an act, event, or omission of an officer, employee, or agent of the state or any of its subdivisions or constitutional officers shall be by action against the governmental entity, or the head of such entity in his official capacity, or the constitutional officer of which the officer, employee, or agent is an employee, unless such act or omission was committed in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property. The state or its subdivisions shall not be liable in tort for the acts or omissions of an officer, employee, or agency committed while acting outside the course and scope of his employment or committed in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property.

SUMMARY OF THE FLORIDA PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. A summary of your rights and responsibilities follows:

- A patient has the right to be treated with courtesy and respect, with appreciation of his/her individual dignity, and with protection of his/her need for privacy.
- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to retain and use personal clothing or possessions as space permits, unless for him/her to do so would infringe upon the right of another patient or is medically or programmatically contraindicated for documented medical, safety or programmatic reasons.
- A patient has the right to know who is providing medical services and who is responsible for his/her care.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he/she does not speak English.
- A patient has the right to know what rules and regulations apply to his/her conduct.
- A patient has the right to be given by his/her health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his/her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- A patient has the right to impartial access to medical treatment or accommodations regardless of race, national origin, religion, physical handicap, or source of payment.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to know if medical treatment is for the purposes of experimental research and to give his/her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of his/her rights, as stated in Florida law, through the grievance procedure of the health plan, the health care provider or health care facility which served him/her and to the appropriate state licensing agency.
- A patient is responsible for providing to his/her health care provider, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health.
- A patient is responsible for reporting unexpected changes in his/her condition to his/her health care provider.
- A patient is responsible for reporting to his/her health care provider whether he/she comprehends a contemplated course of action and what is expected of him/her.
- A patient is responsible for keeping appointments and, when he/she is unable to do so for any reason, for notifying the health care provider or health care facility.
- A patient is responsible for his/her actions if he/she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.
- **A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.**