



Kathleen Q. Trotter DPM
167 Avenue at the Commons, Ste 3
Shrewsbury, NJ 07702

P:732-993-9010, F: 732-993-9102, info@trotterfootandankle.com

TODAY's DATE: _____

PATIENT PERSONAL INFORMATION

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: _____

Race: _____ Ethnicity: _____ Preferred Language: _____

PATIENT CONTACT INFORMATION

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Preferred Communication (circle one): Email Home # Cell#

INSURANCE INFORMATION

Primary Insurance: _____

Policy Number: _____ Group Number: _____

Effective Date: _____

Policy Holder's Name: _____

Policy Holder's DOB: _____ Relationship to Patient: _____



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Secondary Insurance: _____

Policy Number: _____ Group Number: _____

Effective Date: _____

Policy Holder's Name: _____

Policy Holder's DOB: _____ Relationship to Patient: _____

EMPLOYER

Employer Name: _____

Employer Address: _____

Employer Number: _____

EMERGENCY CONTACT

Name: _____ Phone #: _____

Address: _____

PRIMARY CARE DOCTOR

Name: _____ Phone #: _____

REFERRED BY

Name: _____



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PATIENT MEDICAL INFORMATION

Ht: _____ Wt.: _____ Shoe size: _____

Medications: _____

Preferred Pharmacy: _____ Phone: _____

Allergies: _____

Medical History: _____

Surgical History: _____

Family History: _____

Social History: Alcohol: Yes No Smoking: Yes No packs/day: _____ Yrs: _____

Exercise of Choice: _____

CHIEF COMPLAINT

Chief Complaint: _____

Location: _____ Duration: _____

Symptoms: _____

Pain Scale 1-10 (1=very mild, 10= worst): _____



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Financial Policies

The physicians and staff of Trotter Foot and Ankle want you to completely understand our financial policies.

Payment of Services Payment for services rendered is ultimately the patient's responsibility. Your insurance policy is a contract between you and your insurance company. It is your responsibility to give us correct information about your insurance company. You must comply with the rules of your insurance company such as obtaining a valid referral form. Plan eligibility for procedures does not always confirm certification, authorization or payment of service. We will file your insurance claim, but for claims denied because of failure to comply with the insurance requirement, you will be responsible for paying the denied amount. For patient balances and self-pay accounts, we accept cash, Visa, MasterCard, Discovery, Amex, checks. In the event of non-payment, you will be responsible for any collection and/or legal fees associated with the collection of the balance due.

Co-payments and Deductibles Your insurance company requires you to pay your co-pay at the time of the service. Failure to pay is a violation of your contract with your insurance company. Please do not ask us to bill you for a co-pay. If you do not have your co-pay with you, we are happy to reschedule your appointment at the next available opening. The deductible amounts are always the patient responsibility. Until the deductible amount is satisfied, your insurance is not responsible for reimbursement or payment. If you have a deductible, we will require you to pay for any additional services at the time of your visit.

Non-Covered Services Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered", you will be responsible for the complete charge.

No insurance Coverage If you do not have insurance coverage. We expect payment in full before service is rendered. In certain circumstances, payment plans may be made in advance of your visit. If you default on your promised payment, our policy is to refer your account to a collection agency.

Physician Not Participating in Your Insurance Plan We participate in numerous insurance plans. However, there are plans with which we do not participate and therefore you would be responsible for the difference between the "Out of Network" payment and our billed charges. If you have questions, please contact your insurance plan or the office.

I have been informed that this facility may be out-of-network with my health insurance plan and further:

My potential financial responsibility may exceed my copayment, deductible or coinsurance with my health insurance plan;

I may be responsible for any excess amount above the allowed amount the health insurance plan pays or reimburses the provider for healthcare services received; and

I should contact my health insurance plan to identify the specific potential costs for which I am/may be responsible.

I acknowledge that I am knowingly and voluntarily accepting responsibility for any out-of-network financial responsibility associated with healthcare services that I receive.

I have read and understand the practice's financial policy and I agree to be bound by its terms.

Print Name: _____

Signature: _____ Date: _____



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Trotter Foot and Ankle's Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Trotter Foot and Ankle
167 Avenue at the Commons, ste 3
Shrewsbury, NJ, 07702
732-993-9010

Effective date: 10/01/2023

This is a summary of how we may use and disclose your protected health information and your rights and choices when it comes to your information. We will explain these in more detail on the following pages.

Your Rights

You have the right to:

- Get a copy of your paper or electronic protected health information.
- Correct your protected health information.
- Ask us to limit the information we share, in some cases.
- Get a list of those with whom we've shared your information.
- Request confidential communication.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe we have violated your privacy rights.

Your Choices

You have some choices about how we use and share information as we:

- Communicate with you.
- Tell family and friends about your condition.
- Provide disaster relief.
- Market our services

Our Uses and Disclosures

We may use and disclose your information as we:

- Treat you.



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- Bill for services.
- Run our organization.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

Purpose

We respect your privacy. We are also legally required to maintain the privacy of your protected health information (**PHI**) under the Health Insurance Portability and Accountability Act (**HIPAA**) and other federal and state laws. We follow state privacy laws when they are stricter or more protective of your PHI than federal law.

As part of our commitment and legal compliance, we are providing you with this Notice of Privacy Practices (**Notice**). This Notice describes:

- Our legal duties and privacy practices regarding your PHI, including our duty to notify you following a data breach of your unsecured PHI.
- Our permitted uses and disclosures of your PHI.
- Your rights regarding your PHI.

Contact

If you have any questions about this Notice, please contact the office of Trotter Foot and Ankle.

PHI Defined

Your PHI:

- Is health information about you:
 - which someone may use to identify you; and
 - which we keep or transmit in electronic, oral, or written form.
- Includes information such as your:
 - name;
 - contact information;
 - past, present, or future physical or mental health or medical conditions;
 - payment for health care products or services; or



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- prescriptions.

Scope

We create a record of the care and health services you receive, to provide your care, and to comply with certain legal requirements. This Notice applies to all the PHI that we generate.

We follow and our employees and other workforce members follow the duties and privacy practices that this Notice describes and any changes once they take effect.

Changes to 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 on request, in our office, and on our website.

Data Breach Notification

We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your PHI. We will notify you within the legally required time frame/no later than 60 days after we discover the breach. Most of the time, we will notify you in writing, by first-class mail, or we may email you if you have provided us with your current email address and you have previously agreed to receive notices electronically. In some circumstances, our business associates, may provide the notification. In limited circumstances when we have insufficient or out-of-date contact information, we may provide notice in a legally acceptable alternative form.

Organized Health Care Arrangements

We participate in an organized health care arrangement (**OHCA**) as defined by HIPAA. An OHCA allows us to:

- Collectively provide health care services with other hospitals, physician organizations, health plans, and entities.
- Share patients' PHI to support the participating entities' joint operations.

We have formed an OHCA with the following entities and share health information with each other for treatment, payment, and health care operations: Riverview Medical Center and Shrewsbury Surgery Center.

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.

You have the right to:

- **Get a copy of your PHI.** You can ask to see or obtain an electronic or paper copy of the PHI that we maintain about you (**right to request access**). Alternatively, you may request a summary of your PHI or an explanation of your PHI. You can ask us how to do this. Some clarifications about your access rights:



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- we may require you to make access requests in writing.
- we may charge a reasonable, cost-based fee for the costs of copying, mailing, or other supplies associated with your request.
- **Ask us to correct your medical record.** You may ask us to correct or amend PHI that we maintain about you that you think is incorrect or inaccurate.
- **Ask us to limit what we use or share.** You have the right to ask us to limit what we use or share about your PHI (**right to request restrictions**). You can contact us and request us not to use or share certain PHI for treatment, payment, or operations or with certain persons involved in your care.
 - we are not required to agree;
 - we may say "no" if it would affect your care; but
 - we will agree not to disclose information to a health plan for purposes of payment or health care operations if the requested restriction concerns a health care item or service for which you or another person, other than the health plan, paid in full out-of-pocket, unless it is otherwise required by law.
- **Get a list of those with whom we've shared your PHI.** You have the right to request an accounting of certain PHI disclosures that we have made. For these requests:
 - we will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as any you asked us to make; and
- **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 PHI.
- **Request confidential communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or at a specific address. For these requests:
 - you must specify how or where you wish to be contacted; and
 - we will accommodate reasonable requests.
- **Make a complaint.** You have the right to complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may either file a complaint:
 - directly with us by contacting Trotter Foot and Ankle. **All complaints must be submitted in writing.**

Your Choices



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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, please contact us and we will make reasonable efforts to follow your instructions.

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

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

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, according to our best judgment. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we will not share your information unless you give us your written permission:

- Marketing purposes.
- Selling or otherwise receiving compensation for disclosing your PHI.
- Other uses and disclosures not described in this Notice.

You may revoke your authorization at any time, but it will not affect information that we already used and disclosed.

Uses and Disclosures of Your PHI

The law permits or requires us to use or disclose your PHI for various reasons, which we explain in this Notice. We have included some examples, but we have not listed every permissible use or disclosure. When using or disclosing PHI or requesting your PHI from another source, we will make reasonable efforts to limit our use, disclosure, or request about your PHI to the minimum we need to accomplish our intended purpose.

Uses and Disclosures for Treatment, Payment, or Health Care Operations

- **Treatment.** We may use or disclose your PHI and share it with other professionals who are treating you, including doctors, nurses, technicians, medical students, or hospital personnel involved in your care. For example, we might disclose information about your overall health condition to physicians who are treating you for a specific injury or condition.
- **Billing and payment.** We may use and disclose your PHI to bill and get payment from health plans or others. For example, we share your PHI with your health insurance plan so it will pay for the services you receive.
- **Running our organization.** We may use and disclose your PHI to run our practice, improve your care, and contact you when necessary. For example, we may use your PHI



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to manage the services and treatment you receive or to monitor the quality of our health care services.

Other Uses and Disclosures

We may share your information in other ways, usually for public health or research purposes or to contribute to the public good. For more information on permitted uses and disclosures, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. For example, these other uses and disclosures may involve:

- **the law.** For example, we will share your PHI if the Department of Health and Human Services requires it when investigating our compliance with privacy laws.
- **Helping with public health and safety issues.** For example, we may share your PHI to:
 - report injuries, births, and deaths;
 - prevent disease;
 - report adverse reactions to medications or medical device product defects;
 - report suspected child neglect or abuse, or domestic violence; or
 - avert a serious threat to public health or safety.
- **Responding to legal actions.** For example, we may share your PHI to respond to:
 - a court or administrative order or subpoena;
 - discovery request; or
 - another lawful process.
- **Research.** For example, we may share your PHI for some types of health research that do not require your authorization, such as if an institutional review board (**IRB**) has waived the written authorization requirement.
- **Working with medical examiners or funeral directors.** For example, we may share PHI with coroners, medical examiners, or funeral directors when an individual dies.
- **Responding to organ and tissue donation requests.** For example, we may share your PHI to arrange an authorized organ or tissue donation from you or a transplant for you.
- **Addressing workers' compensation, law enforcement, or other government requests.** For example, we may use and disclose your PHI for:
 - workers' compensation claims;
 - health oversight activities by federal or state agencies;
 - law enforcement purposes or with a law enforcement official; or
 - specialized government functions, such as military and veterans' activities, national security and intelligence, presidential protective services, or medical suitability.



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Acknowledgment of Receipt

I, acknowledge that I received a copy of Trotter Foot and Ankle's Notice of Privacy Practices and that I read and understood it. I understand that:

- I have certain rights to privacy regarding my PHI.
- Trotter Foot and Ankle can and will use my PHI for purposes of my treatment, payment, and health care operations.
- The Notice explains in more detail how Trotter Foot and Ankle may use and share my PHI for other purposes.
- I have the rights regarding my PHI listed in the Notice.
- Trotter Foot and Ankle the right to change the Notice from time to time and I can obtain a current copy of the Notice by contacting Trotter Foot and Ankle

Print Name: _____

Signature: _____ Date: _____