



Patient Demographics Form Updates

There have been a few questions surrounding the new **Patient Demographics Form**, specifically surrounding the Preferred Communication Method, Family Members that can have messages left, and authorizations to disclose information. In an effort to clarify the form better; ensure that everyone has a clear understanding of the information that should be captured; and where this information should be documented in SuccessEHS; we have put together the below outline:

- **Preferred Communications** → was updated to read **Patient Preferred Communication Method**
 - The goal for this item is to understand the patient's preference with regards to communication. Patients are asked to select one of the 5 options for their preferred method of communication. For example if the patient chooses **Email** it means that they would prefer to be contacted by Email. It does not mean that we will not attempt to contact them via phone, etc.
 - If they choose **An Identified Family Member**, they must have at least one person listed under the authorization section (*These are typically very few and far between*)

Patient Preferred Communication Method
Please select one of the below as your primary method of contact:

Home Phone	Cell Phone	Email	An Identified Family Member*	No Preference
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes

**If selected, please complete the authorization information below*

- **Where do I document Preferred Communication?**
 - **Patient Administration** → **Demographics Tab** → **Privacy/Consent** button
 - On the right-hand side of the screen you will see **Preferred Method of Confidential Communication**
 - Complete the **Method** for **Priority #1**. If No Preference was selected by the patient then choose the **No Preference** option. When complete, select **Apply**

Privacy Restrictions

Privacy Policy: ☒ Signed 06/30/2016

Consent Form: ☒ Signed 06/30/2016

Given By: Parent/Guardian

Privacy Policy has been acknowledged via Patient Portal.

7/18/2016 12:26:03 PM by Portal User: SZZTEST

PHR Key

5555

Generate

Clear

Reset

Preferred Method of Confidential Communication

☐ No Preference

Priority	Method	Start Time	End Time
1	Home Phone	12:00 AM	11:00 PM
2	Home Phone	12:00 AM	11:00 PM
3	Work Phone	12:00 AM	11:00 PM
4	E-mail	12:00 AM	11:00 PM
5	Fax	12:00 AM	11:00 PM

Apply

➤ **Authorizations to Disclose Information Regarding Care**

- Should the patient document any names in the section **I hereby authorize RVH&DC...** you will need to record the information as a **Release of Medical Records**

I hereby authorize RVH&DC to disclose any and all information regarding my care to the following:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

ASSIGNMENT OF INSURANCE INFORMATION & BENEFITS

- Go to **Patient Administration → Contacts/Communications Tab**
- Look for the name of the person that is authorized to receive information
 - If There: Edit the record by highlighting the name, place a checkmark in the Release of Medical Records, then select **Apply**
 - If Not There: Select **New** enter any relevant information, place a checkmark in the Release of Medical Records, then select **Apply**

Type	First Name	MI	Last Name	Relationship	Emergency Contact	Release of Medical Records	Primary Contact	Legal Guardian	Resides With	Primary Caregiver	Include in Care Team	Next of Kin	Preferred Method of Contact
Patient	SAM		ZZTEST	PATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contact	XXX		XXX	OTHER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Contact	AMBER		SMITH	SPOUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Contact	SUSIE		SMITH	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Contact	MARY		ZZTEST	SPOUSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Contact	XXX		XXX	OTHER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

☐ Emergency Contact
 ☒ Release Records
 ☐ Primary Contact
 ☐ Legal Guardian/Health Care Proxy
 ☐ Patient Resides With Contact
 ☐ Primary Caregiver
 ☒ Include in Care Team
 ☐ Next of Kin

First Name: AMBER MI: Relationship: Spouse
 Last Name: SMITH
 Home Phone: Work Phone: Ext: Cell Phone: Fax Number: E-Mail:
 Address: Line 1: Line 2: City: State: Zip: Country: USA

Immunization Registry Information:
 Publicity Level: Preferred Method of Contact:
 Notes:

Demographics Last Modified: 07/18/2016 By: MAXH
 Modified From Portal: 06/21/2016 SAM ZZTEST

Apply Save Clear Close

- **Emergency Contacts** must be collected and/or verified from the patient verbally when they are checking in for their appointment
- RVH&DC is not collecting **Next of Kin** information from the patient at this time

*Note: If after completing the Patient Demographics form, the patient requests to give authorization to additional individuals for their records information, an ROI must be completed and that person's information must be added into the **Contacts/Communications** tab as a **Release of Medical Records**.*

Communication will be going out to all staff in the very near future regarding Preferred Method of Communication and Release of Medical Records