

PUGET SOUND SERVICE UNIT INDIVIDUAL APPLICATION FOR HEALTH SERVICES

PATIENT FULL NAME:

DOB:

SS#:

PHONE:

CELL:

MAILING ADDRESS:

PHYSICAL ADDRESS:

CITY/STATE/ZIP/COUNTY:

DATE IF MOVED:

BIRTHPLACE:

FATHERS NAME/BIRTHPLACE/EMPLOYER/EMAIL:

MOTHERS NAME/BIRTHPLACE/EMPLOYER/EMAIL:

INSURANCE & OTHER COVERAGES

TYPE OF COVERAGE	POLICY NUMBER/SS#	START DATE
MEDICARE A-B-D		
MEDICAID/MEDICAL COUPONS		
PRIVATE INSURANCE		
VETERANS ADMINISTRATION		

BRANCH:

START DATE:

DISCHARGE DATE:

PLEASE PROVIDE A COPY OF ALL INSURANCE CARDS

RELIGIOUS PREFERENCE:

ARE YOU EMPLOYED:

EMPLOYER NAME/NUMBER:

SPOUSE EMPLOYED:

EMPLOYER NAME/NUMBER:

EMAIL ADDRESS (IF APPLICABLE):

MARITAL STATUS: SINGLE/MARRIED/WIDOW/ SEPARATED

#HOUSEHOLD:

INCOME:

EMERGENCY CONTACT/NEXT OF KIN

MIGRANT WORKER OR HOMELESS?

NAME:

RELATIONSHIP

ADDRESS:

PHONE/CELL #:

I CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE IHS TO VERIFY THE ACCURACY OF THIS APPLICATION.

APPLICANT SIGNATURE & DATE
I.H.S. OFFICE USE ONLY

DIRECT CARE ONLY	CONTRACT HEALTH ELIG	CHART #:	DENIED
TRIBE:	COUNTY:	COMMUNITY:	STATE:

PRIVACY ACT OF 1974
STATEMENT FOR MAINTENANCE OF HEALTH RECORDS

The purpose for requesting your personal medical history is to obtain information necessary for effective medical treatment. Your medical record contains what you tell the health care provider is wrong with you or how you feel. The health care provider writes (into your record) your family medical history as you answer the questions. Your answers could have an effect on the type of care you receive. Therefore, it is in your best interest to provide complete and correct information so that we will be able to carry out our responsibility of providing your proper care. The results of your physical examination, laboratory tests, medications, treatments, or surgical procedures you receive in Indian Health Service facilities are recorded in your medical record. Certain information is stored in the IHS Data System for statistical purposes.

Indian Health Service personnel may not reveal the contents of your record without your written permission, except when they are permitted to do so by law. Examples of situations where we will release information without your prior written consent are:

1. Pursuant to the order of a court of competent jurisdiction;
2. Certain medical conditions (primarily communicable diseases) that must be reported to various health departments and other health statistical gathering centers;
3. To qualified organizations which provide health services to American Indians and Alaska Natives for the purpose of planning for or providing such services, to conduct research and evaluation studies, to report to state agencies as required by state law, to prepare for litigation on behalf of the federal government;
4. To third parties (other than the Indian Health Service) responsible for the payment of medical expenses incurred by the patient while being treated by the I.H.S. medical staff or private providers under contract with the Indian Health Services.

Public Laws 83-568, 85-151, and 93-222 give the Indian Health Service the authority to collect and maintain health records. For a comprehensive list of situations in which IHS may release information from your records without your permission, you should see the Department of Health and Human Services Annual Publication of System of Records which is published annually in the Federal Register.

I have read and understand the Privacy Act information and do hereby give the Indian Health Service my authorization to collect payment from third parties (such as Medicare, Medicaid, Private Insurance, etc.) on my behalf.

Applicant Signature

Date

Authorizing Official

Date

Office Use Only _____

