

# Christopher B. Murphy DPM

## Patient Information Record

Date: \_\_\_\_\_

Please print the following information. This information is important for our records and your health.

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \ F \_\_\_\_\_ Marital status S M D W Sep. \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation \_\_\_\_\_

Employer (self) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name of Spouse (or parent) \_\_\_\_\_

Employer (spouse) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Whom may we contact in case of an emergency? \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Location: \_\_\_\_\_

Whom may we thank for referring you to this office? \_\_\_\_\_

**WHAT IS YOUR CHIEF FOOT COMPLAINT?** \_\_\_\_\_

Family Physician \_\_\_\_\_ Date of last visit \_\_\_\_\_

### DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING?

Yes / No

- HEART PROBLEMS
- RHEUMATIC FEVER
- HEART MURMUR
- MITRAL VALVE PROLAPSE
- ASTHMA
- KIDNEY PROBLEMS
- HYPERTENSION
- THYROID PROBLEMS
- GOUT
- DIABETES (Type I or Type II)

Yes / No

- HEPATITIS
- LIVER DISEASE
- STOMACH ULCERS
- CANCER
- POOR CIRCULATION
- ANEMIA
- VENEREAL DISEASES
- A.I.D.S.
- ARTIFICIAL JOINT
- ARTHRITIS

Yes / No

- EPILEPSY
- HIGH CHOLESTEROL
- CURRENTLY PREGNANT
- CURRENTLY BREASTFEEDING
- OTHER

Are you taking any medications? YES or NO If yes please list: \_\_\_\_\_

Are you allergic to any medications? YES or NO if yes, please list with reaction(s): \_\_\_\_\_

Do you smoke? YES or NO Do you drink alcohol? YES or NO Hobbies? \_\_\_\_\_

Have you ever had any surgery? YES or NO If yes please list surgeries and the dates of surgeries: \_\_\_\_\_

Family Medical History? \_\_\_\_\_

## INSURANCE INFORMATION

PLEASE PRESENT YOUR INSURANCE CARD(S) AND PHOTO ID TO THE RECEPTIONIST

### PRIMARY INSURANCE COMPANY:

Insurance Company Name: \_\_\_\_\_

Group and I.D. # \_\_\_\_\_

Name Of Subscriber: \_\_\_\_\_ Relationship: \_\_\_\_\_

Subscriber DOB: \_\_\_\_\_

### SECONDARY INSURANCE COMPANY:

Insurance Company Name: \_\_\_\_\_

Group and I.D. # \_\_\_\_\_

Name Of Subscriber: \_\_\_\_\_ Relationship: \_\_\_\_\_

Subscriber DOB: \_\_\_\_\_

Has the subscriber met their deductible yet?    **YES** or **NO**

## FINANCIAL POLICY

**Payment is expected at the time services are rendered unless other arrangements are made in advance.** Please understand, your insurance carrier is not to pay your bill, but to reimburse you after your bill is paid. In some cases, out-of-state insurance companies pay you directly and therefore you are responsible for the balance. You are also responsible for deductibles, co-pays, and non-covered services.

If you are a Medicare patient, we are Medicare providers. However, Medicare only pays 80% of your bill, you will be responsible for the remaining 20% Medicare does not pay. We file a claim with Medicare. Then as a courtesy, we will file a claim with your supplemental for you.

**I hereby give permission to the office of Dr. Christopher Murphy to administer treatment and to perform such procedures as may be deemed necessary in the diagnosis and/or treatment of my foot condition. Your Signature below also acknowledges your understanding and agreement with our payment policies, authorizes the release of any medical information necessary to process this claim and authorizes payment of medical benefits to the undersigned physician or supplier for services that are rendered.**

Signature of Patient or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM. IT WILL  
BETTER ENABLE US TO SERVE YOU NOW AND IN THE FUTURE.**

# AUTHORIZATION FOR CONFIDENTIAL COMMUNICATIONS

**Name of Patient:** \_\_\_\_\_  
(Please print)

**Date of Birth:** \_\_\_\_\_

I hereby authorize **Dr. Christopher B Murphy** and/or his staff to release information about my care to persons designated by me in the following manner:

- For written communications: (i.e. mail or fax)  
Address to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- For oral communications: (i.e. telephone, in person)  
Name of Designated Person(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Telephone number)

May we leave a message:

YES       NO

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

## **PRIVACY PRACTICES ACKNOWLEDGEMENT:**

I have received and/or read the Notice of Privacy Practices and I have been provided an opportunity to review same.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Christopher B. Murphy, D.P.M., P.A.  
*Diplomate, American Board of Podiatric Surgery*  
Patient Portal Policy and Procedure Document

Christopher B. Murphy, D.P.M, P.A. offers its patient's, as a courtesy and as an optional service, the use of a secure web-page portal (the "Portal"). To use the Practice's Portal, you must contact the Practice to enroll in the Portal system. You must agree to the Practice's Portal Policy and Procedures by the signing the Informed Consent and User Agreement. The Practice will then enter your name, address, phone number, and e-mail address into the Portal software and will provide you with access code to the Portal's web site.

You will receive and e-mail containing the link to the Portal's web site (call the Practice if you do not receive an e-mail within 48 hours of submitting your enrollment forms.) Click on the link in this e-mail to access the Portal's web page. You will need your access code in order to complete this step. A confirmation e-mail will be sent to notify you when you have successfully completed the enrollment process.

### **Important Information Regarding the Patient Portal**

- Use is limited to non-emergency communications and requests.
- In an emergency, call 911 or go to the nearest emergency room.
- You should normally allow up to 48 business hours to receive a response from your physician or the staff to your communications and requests, although depending on the communications volume a longer period of time may be required before you receive a response.
- The Portal does not provide internet based diagnostic, triage, and other medical services. A diagnosis can be made and treatment rendered only after the patient sees the physician at the office.

### **Patient Portal Features**

- Access to Health Information: You may view a clinical summary concerning your most recent office visit. You may request a mailed copy of your health information after requesting and signing a release form.
- Appointment Requests: You may request an appointment at our office. This is request only, and the office staff will contact you via the Portal's messaging system or by phone with an actual scheduled appointment day and time.
- Educational Resources: You may view educational resources on various topics listed in the Portal's library.
- Medication Requests: You may request a renewal of prescriptions for medications. Requests will not be accepted for new prescriptions or refills for conditions for which you are not being treated by your physician at the Practice. The Practice does not renew prescriptions for narcotics and other controlled substances through the Portal; you must call the office regarding such matters and for initial prescription requests.
- Messages: You may send messages to your physician or the staff, and you may view and respond to messages they send to you. These messages may address

medication requests, follow-up questions concerning a specific condition, billing matters, etc. Communications regarding sensitive subject matters, such as mental health, HIV, etc., are not permitted through the Patient Portal.

- **Additional functionality:** Additional functionality may be added in the future, such as permitting you to make changes to your demographic information, or changes/additions to your health records, medication lists, etc., provided, however, that no change in the permanent record which we maintain will be made without the Practice's review of such information.

### **Etiquette When Using the Portal System**

- Confirm that your name and other personal information in a message is correct.
- Please be concise.
- Review the message before sending it to make sure that it is clear and that all the relevant information is included.
- The system will send a notification to your e-mail address when a message has been sent to you in the Patient Portal.
- Your physician or the staff, in their judgment, may decline to respond to a communication, or to protracted communication requests, and may ask you to schedule an appointment at the office concerning the matter.
- You are responsible to update your contact information with the office as soon as it changes, including the e-mail address you designate for messages outside of the Portal system.
- Although your physician or the staff will use reasonable efforts to respond within 48 business hours of receiving your request, you are responsible to monitor whether you have received a response to your requested communication. If you have not received a response to communication request, you should call the office.

### **Privacy**

- All messages sent to you will be encrypted.
- Electronic messages from you to your physician and any office staff should be through the Portal. Messages outside the Portal system are not secure. Your physician and the office staff will normally send electronic communications only through the Portal's system, except as noted otherwise in these Policies and Procedures.
- Any of the Practice's staff may read your messages or reply to you, so that you may receive a response in a timely manner.

### **Privacy Protection of Your Health Information**

All communications concerning your personal health information carry some level of risk. While the likelihood of risks associated with the use of the Portal communications system is substantially reduced, there are risks which are important for you to understand. It is important for you to consider these risks each time you intend to communicate with us using the Portal system. You should communicate in a manner that reduces the likelihood of the risks occurring. Some helpful things to keep in mind include:

- Do not store, send or access messages on your employer-provided computer or hand-held device. Person information is normally accessible by your employer.

- Use a screen saver or close your messages so that others nearby cannot read them.
- Keep your username and password safe and private.
- If you think someone has learned your password, you should promptly change it using the Portal.
- Never use a public computer to access the Portal.

The Practice, its physicians and staff are not responsible to you for security infractions or intrusions resulting from your failure to follow prudent security measures when you access the Portal, including those described above, or for network infractions beyond its reasonable control.

### **Access, Use of Online Communications and Conditions of Participation**

- The Portal is offered by the Practice, as a courtesy and as an optional service. The use of the Portal is restricted to current patients and is subject to all terms and conditions of the Practice's Patient Portal Policies and Procedures.
- All communications via the Portal will be included in the clinical record maintained by the Practice.
- Online communication does not replace and of the other ways in which you can communicate with your physician. It is an additional option and not a replacement. You are encouraged to contact the office via telephone, mail, or in person if you need further assistance.
- In addition to online communication, you may be directed to contact us via telephone or in person at any time during business hours.
- The Practice does not guarantee that the Portal system will be accessible 24 hours a day, 7 days a week. The Portal system may suspend or terminate operation of the Portal without advance notice to you. The Practice and its physician and staff shall have no liability or responsibility to any patient or other person authorized by the patient who is unable to access the Portal system for any reason.
- The Practice does not permit minors to use the Portal, whether or not they are legally emancipated.
- The Practice may disenroll at any time, without prior notice and without cause or for cause in its discretion, a patient or other individual from use of the Portal.
- By logging onto the Portal, you agree to all terms and conditions of the Practice's Patient Portal Policies and Procedures, and any amended or superseded Policies and Procedures adopted by the Practice. The Practice may amend, supersede or rescind its Patient Portal Policies and Procedures at any time, without prior notice. The Practice will make reasonable efforts to post such matters on the Portal, by logging onto the Portal you agree to any such amended or superseded Policies and Procedures. The Practice shall have the discretion to determine how its Patient Portal Policies and Procedures apply in a given situation, and its determination shall be final, binding and non-reviewable. The Practice is the owner of all of its records and data, whether in electronic, paper or other form, subject to such access, copying and other rights as may be provided to the patient by federal and state law.
- If you receive access to health care information which is not yours, you must immediately stop viewing such information and immediately notify the Practice via a secure message on the Portal or by phone call.



Christopher B. Murphy, D.P.M.  
*Diplomate, American Board of Podiatric Surgery*  
Patient Portal Application, Informed Consent and User Agreement

Patient Information

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_

\*Optional: Allow Portal Access to My Health Information to the Following Individual

Name \_\_\_\_\_ DOB \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Permissions to: (You must write "Yes" or "No" to Specify the Level of Access requested)

Appointments: View only \_\_\_\_\_ or Full Access \_\_\_\_\_

Health Information: View only \_\_\_\_\_ or Full Access \_\_\_\_\_

Medication Requests: View only \_\_\_\_\_ or Full Access \_\_\_\_\_

Secure Messaging: View Only \_\_\_\_\_ or Full Access \_\_\_\_\_

**Purpose of this Form**

Christopher B. Murphy DPM, PA offers a secure way for its patients to view certain parts of their health information maintained in an electronic health record and to communicate with their physician and office staff. While secure messaging can facilitate communications, it has certain risks. In order to manage these risks, there are some conditions of participation. This form is intended to document that you have been informed of these risks and conditions of participation, that you accept the risks, and that you agree to

the conditions of the participation and to the Practice's Patient Portal Policies and Procedures and they may be amended or superseded from time to time.

### **How the Patient Portal Works**

A secure web portal is a kind of webpage that uses encryption to keep unauthorized persons from reading communications, information or attachments. Secure messages and information can only be read by someone who knows the correct password or token to log in to the portal site.

### **Protecting Your Private Health Information and Risks**

This method of communication prevents unauthorized parties from being able to access or read messages while they are in transmission. However, keeping messages secure depends on two additional factors: the secure message must reach the correct email address and only the correct individual (or someone authorized by that individual) must be able to access it. Only you can make sure these two factors are present. Please make sure we have your correct email address and are informed if it ever changes. You also need to keep track of who has access to your email account, so that only you or someone you authorize, can see the messages you receive from us.

### **Conditions of Participating in the Patient Portal**

Access to this secure web portal is an optional service and we may suspend or terminate it at any time and for any reason. If we do suspend or terminate this service, we will notify you as promptly as we reasonably can.

By signing below, you acknowledge that you have read and agree to comply with the Practice's Patient Portal Policies and Procedures, which have been provided to you. If you do not understand or do not agree to comply with or do not consent to our policies and procedures, please do not sign this form. If you have any questions or need further information, please let us know before signing this form.

### **Patient Consent and Agreement:**

Patient name: \_\_\_\_\_

Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_





Christopher B. Murphy, D.P.M.  
*Diplomate, American Board of Podiatric Surgery*

## Registering for the Patient Portal

### How do I create my Patient Portal account?

1. Patients will receive an e-mail message inviting them to the patient portal. The message is sent to the e-mail address provided to the physician's office.
2. Patients will notice a link attached to the e-mail message. Example: <http://dsi-training1/portal/www-site/pauld/login.php>.
3. Select this message, which will direct patient to the login screen for the patient portal.
4. New patients who do not have an existing patient portal account will need to register for the patient portal by selecting the "Register" hyperlink on this screen.
5. The patient will need to enter his/her first and last names.
6. The patient will be required to enter his/her date of birth (mm/dd/yyyy) and social security number if it has been provided to the physician's office. **This information is necessary to securely register for the patient portal.**
7. The patient will then enter and confirm his/her e-mail address and select Submit.
8. The patient will receive a prompt informing him/her that a new message has been sent to the e-mail address provided.
9. The patient will need to log back into his/her e-mail account to view this message from the patient portal and select the link included in the e-mail message.
10. The patient will then be instructed to create and confirm a password for the patient portal.
11. This patient will then enter his/her e-mail address and password to access the patient portal. **(The e-mail address and password entered will be used each time the patient wishes to log into the patient portal.)**