

HRA Form

Plan :	VPHP - VIRGINIA PREMIER
Program :	Medicare
LOB :	DSNP
Region :	SOUTHWEST
Aligned :	Y
Health Plan :	Virginia Premier Healthcare Advantage
Member Name :	JUDY E ALMANY
Evaluator Name :	
Assessment Type :	Health Risk Assessment
DOB :	1971-05-13
Evaluation Date :	
Visit Type :	

Demographics	
Name	JUDY E ALMANY
Gender	Female
Address	1203 NEW HAMPSHIRE AVENUE
City	BRISTOL
State	VA
Zip	242015078
Date of Birth	1971-05-13
Age(as of date)	49
Marital Status	Married
Member Identification Number	11003342
HICN	1WM3PP0GG73
Phone Number	2766962172
Cell Number	2765914209
Email	
Emergency Contact	Gary Almany (husband)
Phone Number	
Primary Care Physician	BROCKMYRE, ANDREW P
Phone Number	4239902400
PCP Address	240 Medical Park Blvd
PCP City	Bristol

PCP State	TN
PCP Zip	376207352
PCP County	
Office ID	P9058715
Office Name	HOLSTON MEDICAL GROUP PC

1. Race

Answer: Caucasian

Patient's Ethnicity

Answer:

2. Preferred language

Answer: English

Covid Screening

In the last 14 days, have you:

Traveled internationally?

Answer: No

Had known exposure to anyone diagnosed with Corona virus (COVID-19)

Answer: No

Had close contact with someone who has traveled to a high risk area?

Answer: No

Developed Fever?

Answer: No

Developed Cough?

Answer: No

Developed Flu like symptoms?

Answer: No

Developed Shortness of breath?

Answer: No

Self-Assessment and Social History

3. How much school have you completed?

Answer:

Comment: 11th--Able to read/comprehend info

4. When you get written information at a doctor's office would you say it is

Answer: Easy
5. When you read the instructions on a prescription bottle would you say that it is Answer: Easy
6. How confident are you in filling out medical forms by yourself? Answer: Confident
7. How would you rate your health compared to other persons your age? Answer: Fair
8. During past 3 months, has your physical and or emotional health limited your social activities with family, friends, neighbours or groups? Answer: Often
9. Where do you currently live? Answer: Home Comment: 2 levels
10. Do you have someone you can rely on to help if you are sick or have problems you need to discuss? Answer: Yes
11. Who do you currently live with? Answer: Spouse
12. Are you currently a caregiver for someone? Answer: No
13. Tobacco use Answer: Current Type Answer:Cigarettes How Many Answer: 1/2 a pack
14. Alcohol Use Answer: Never
15. Do you or have you used recreational drugs or pain medication? Answer: No
16. Do you have a Healthcare Proxy? Answer: No
17. Do you have a Durable Power of Attorney? Answer: No

18. Do you have an Advance Directive?

Answer: No

Within the past 12 months we worried whether our food would run out before we got money to buy more. Was that \_\_\_\_\_ for your household?

Answer: Never True

Within the past 12 months the food we bought just didn't last and we didn't have money to get more. Was that \_\_\_\_\_ for your household?

Answer: Never True

Activities of Daily Living

19. Do you have any difficulty with the following activities?

A. Getting in or out of bed

Answer: No

B. Getting in or out of chairs

Answer: No

C. Toileting

Answer: No

D. Bathing

Answer: No

E. Dressing

Answer: No

F. Eating

Answer: No

G. Walking

Answer: No

H. Going up or down stairs

Answer: No

Medical History

20. Do you use any assistive devices? (Check device or none if no devices used)

Answer: None

Comment:

21. Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Gastroenterologist		Diverticulitis

22. In the past 12 months how many times have you?

A. Seen your PCP

Answer: 3

Comment: Visits avg Q6months, last visit Feb 2021

B. Visited the Emergency Room

Answer: 1

If one or more, describe

Answer: Dec 2020--Abdominal pain (Dx Diverticulitis)

C. Stayed in the hospital overnight

Answer: None

D. Been in a nursing home

Answer: None

E. Had Surgery

Answer: None

23. Have you ever been hospitalized prior to the last 12 months?

Answer: No

24. In the past year have you received health services from any of the providers below:

Physical Therapist

Answer: No

Occupational Therapist

Answer: No

Dietician

Answer: No

Social Worker

Answer: No

Pharmacist

Answer: No

Speech Therapist

Answer: No

Chiropractor

Answer: No

Personal Care Worker (HHA, CNA, PCA)

Answer: No

Meals on Wheels

Answer: No

25. In the past two years have you received any of the treatments below?

Chemotherapy

Answer: No

Catheter Care

Answer: No

Oxygen

Answer: No

Wound Care

Answer: No

Regular Injections

Answer: No

Tube Feedings

Answer: No

Family History

26. Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother	CAD/MI, HTN, DM	

Preventive Care

27. In the past three years have you had?

Screen	Answer
Colonoscopy	Yes
Breast Exam/Mammography	No
Cervical Screening	No
Bone Density	Not Applicable
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Not Applicable

If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Not Applicable
Lipid Panel	Yes

28. Last colonoscopy if more than 2 years ago

Answer:

29. Screen for abnormal glucose / diabetes - age 40 - 70

Answer: Yes

30. One time screen for Abdominal Aortic Aneurysm if male with history of smoking, age 65 - 75

Answer: NA

31. One time screen for Hepatitis C if born between 1945 - 1965

Answer: NA

32. Do you get Flu Vaccine each year?

Answer: No

33. Have you been vaccinated for Pneumonia?

Answer: No

34. Have you been vaccinated for Herpes Zoster?

Answer: No

Allergies / Medications

35. Allergies

Answer: No

Medications

Dose Date	Label Name	Dose / Units	Route	Frequency	Status
2021-04-14	Atorvastatin	20mg	PO = By Mouth	QD	Taking
2021-04-14	Seroquel	300mg	PO = By Mouth	HS	Taking
2021-04-14	Neurontin	400mg	PO = By Mouth	TID	Taking
2021-04-14	Protonix	40mg	PO = By Mouth	QD	Taking
2021-04-14	Combivent	1-2 puffs	PO = By Mouth	PRN	Taking
2021-04-14	Zanaflex	2mg	PO = By Mouth	TID	Taking
2021-04-14	Xanax	0.5mg	PO = By Mouth	TID	Taking
2021-04-14	Ibuprofen	800mg	PO = By Mouth	PRN	Taking

36. Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
2021-04-14	Tylenol	325mg	PO = By Mouth	prn

2021-04-14	Aspirin	81mg	PO = By Mouth	prn
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37. Chronic Use of

Answer: Statins

38. Medication Compliance and Knowledge of Use and Disease

1. Do you ever forget to take your medicine?  
Answer: No

2. Do you sometimes not pay enough attention to your medication?  
Answer: No

3. Do you know the longterm benefit of taking your medicine as told to you by the doctor or pharmacist?  
Answer: Yes

4. When you feel better do you sometimes stop taking your medicine?  
Answer: No

5. Sometimes if you feel worse when you take your medicine do you stop taking it?  
Answer: No

6. Do you sometimes forget to refill your prescription on time?  
Answer: No

Review of Systems and Diagnoses

EYES

Eye Problems (Glaucoma, Cataracts, Macular Degeneration, Blindness, Retinal Detachment, Other)  
Answer: No

Do you wear glasses or contacts?  
Answer: No

Do you have problems seeing at night?  
Answer: No

EARS

Ear Problems (Hard of hearing, Deaf, Vertigo, Ear Infections)  
Answer: No

NOSE

**Nose Problems (Nose Bleeds, Sinus infections, Other)**

Answer: No

**MOUTH AND THROAT**

**Mouth and Throat Problems (Difficulty Chewing, Difficulty Swallowing, Bleeding Gums, Other )**

Answer: No

**NECK**

**Neck Problems (parotid Disease, Carotid Stenosis, Other)**

Answer: No

**RESPIRATORY**

**Respiratory Problems (COPD, Emphysema, Asthma, Chronic Bronchitis Pneumonia, Other)**

Answer: Yes

**Diagnoses**

**COPD**

**Describe**

Answer: Active

**Supported by**

Answer: Wheezing, Dyspnea on exertion

**Has patient been told they have Chronic Bronchitis**

Answer: No

**Has patient been told they have Emphysema**

Answer: No

**Is patient on Bronchodilator**

Answer: Yes

**Route is**

Answer: Inhaled

Comment: Tx Combivent

**Is patient on Steroids**

Answer: No

**Does patient have current exacerbation**

Answer: No

**Use of Oxygen**

Answer: No

**Shortness of breath**

Answer: Yes



Answer: No

Does your heart race?

Answer: No

Do you sleep on more then one pillow?

Answer: No

have you ever have fluid in your lungs?

Answer: No

Do your legs or ankles swell up?

Answer: No

Do you follow a special diet?

Answer: No

Do you have headaches?

Answer: No

Do you feel light headed when you stand up?

Answer: No

GASTROINTESTINAL

Gastrointestinal Problems (Ulcer, Reflux, Hiatal Hernia, Colitis, Other)

Answer: Yes

Diagnoses

Diverticulitis

Describe

Answer: History of

Supported by

Answer: Colonoscopy

Abscess

Answer: No

Perforation

Answer: No

On a high fiber diet

Answer: Yes

GERD

Describe

Answer: Active

Supported by

Answer: Heartburn / Dyspepsia, Medications

Comment: Tx Protonix

**Other**

**Describe**

*Answer: History of*

**Supported by**

*Answer: History, Symptoms*

**Other**

*Answer: Past Hx IBS Sx reported, no current complaints or Tx*

*Hx Hemorrhoids with intermittent flares, past Hx of rectal bleeding associated with hemorrhoidal flares, currently no complications & no Tx required*

**History of blood in stool**

*Answer: No*

**History of black stools**

*Answer: No*

**History of Heartburn / Dyspepsia**

*Answer: Yes*

**Describe**

*Answer : Chronic*

**History of Vomiting or Regurgitation**

*Answer: No*

**History of pain after eating**

*Answer: No*

**History of Jaundice**

*Answer: No*

**Do you follow a special diet?**

*Answer: No*

**Do you have frequent abnormal abdominal pain?**

*Answer: No*

**Do you have intermittent nausea or vomiting?**

*Answer: No*

**Do you have trouble with constipation?**

*Answer: No*

**Does diarrhea limit your ability to get out of the room or socially?**

*Answer: No*

**Do you see blood in your urine?**

*Answer: No*

**Do you have Frequent Stomach Pain**

Answer: No
<b>Bowel Movements</b> Answer: Normal
<b>Abdominal Openings</b> Answer: No
<b>Rectal Problems</b> Answer: No
<b>Last Bowel Movement</b> Answer: 1-3 days ago
<b>NEURO-PSYCH</b>  <b>Neuro / Psych Problems (Stroke, Parkinson's disease, Seizures Paraplegia, Depression, Other)</b> Answer: Yes <b>Diagnoses</b> <b>Bipolar Disorder</b> <b>Describe</b> Answer: Active <b>Supported by</b> Answer: History of mood swings, Medication Comment: Tx Seroquel <b>Depression</b> <b>Describe</b> Answer: Active <b>Supported by</b> Answer: Symptoms, Use of antidepressant medication Comment: Tx Seroquel <b>Major</b> Answer: Yes <b>Supported by</b> Answer: Chronic use of antidepressant medication beyond 6 months <b>Generalized Anxiety Disorder</b> <b>Describe</b> Answer: Active <b>Supported by</b> Answer: Symptoms, Antianxiety medication Comment: Seroquel & Xanax <b>Insomnia</b>

**Describe**

Answer: Active

**Supported by**

Answer: Medication, Symptoms

Comment: Tx Seroquel

**Other**

**Describe**

Answer: Active

**Supported by**

Answer: History, Symptoms

**Other**

Answer: She reported Hx of RLS Sx with recurrent Sx, no current Tx prescribed

**Are you nervous, anxious, feel on the edge or often feel stressed?**

Answer: Yes

**Do you worry too much about different things?**

Answer: Yes

**Do you feel afraid that something bad might happen?**

Answer: No

**History of headaches**

Answer: No

**History of auditory hallucinations**

Answer: No

**History of visual hallucinations**

Answer: No

**History of psychotic behavior**

Answer: No

**History of episodes of delirium**

Answer: No

**Do you follow a special diet?**

Answer: No

**Do you have any weakness or deformity in your arms or legs that limits your ability to get around or do what you want to do?**

Answer: No

**Do you have trouble swallowing your food?**

Answer: No

**Do you have trouble making people understand you when you speak?**

Answer: No

*Answer: No*

*Answer: No*

**Answer:** No

*Answer: No*

*Answer: No*

**Answer: Yes**

*Answer: No*

*Answer: No*

*Answer: No*

*Answer: No*

**Answer:** Sometimes

GPCOG Score	
or MMSE Score	

*Answer: Yes*

**Answer: Yes**

*Answer: Yes*

Answer: Good

<b>Patient describes recent news event</b> <i>Answer: Yes</i>
<b>Affect</b> <i>Answer: Normal</i>
<b>Over the past 2 weeks, how often have you been bothered by any of the following problems?</b>  <b>Little interest or pleasure in doing things</b> <i>Answer: Several Days</i>  <b>Feeling down, depressed or hopeless</b> <i>Answer: Several Days</i>  <b>PHQ 2 Score : &lt;3</b>
<b>Speech</b> <i>Answer: Normal</i>
<b>Finger to Nose</b> <i>Answer:</i> <i>Comment: Virtual, limited exam</i>
<b>Heel (Shin) to Toe</b> <i>Answer:</i> <i>Comment: Virtual, limited exam</i>
<b>Thumb to Finger Tips</b> <i>Answer:</i> <i>Comment: Virtual, limited exam</i>
<b>Sitting to Standing</b> <i>Answer: Normal</i>
<b>Facial / Extremity Movement</b> <i>Answer: Normal</i>
<b>Gait</b> <i>Answer: Normal</i>
<b>GENITOURINARY</b>  <b>Genitourinary Problems (Overactive Bladder, Urinary Incontinence Stress Incontinence, Benign Prostatic Hypertrophy, Others)</b> <i>Answer: No</i>

MUSCULOSKELETAL

Musculoskeletal Problems (Spinal Stenosis, Rheumatoid Arthritis, Gout, Osteoporosis, Others)

Answer: Yes

Diagnoses

Degenerative Disc Disease

Describe

Answer: Active

Supported by

Answer: Symptoms , Medications

Comment: DJD --Lumbosacral with Right Sciatica--Tx (Neurontin, Ibuprofen , Zanaflex, Tylenol, Aspirin)

Normal bladder and bowel function

Answer: Yes

Site of disease

Answer: Lumbosacral

History / Finding of non- extremity Fracture

Answer: No

History / Finding of Hip Fracture / Dislocation

Answer: No

History / Finding of Vertebral Fracture

Answer: No

Do you have any swelling of your joints?

Answer: No

Do you experience stiffness in the morning or during the day?

Answer: Yes

Do you have pain in your joints?

Answer: Yes

Do you have a problem straightening any joints?

Answer: No

Does pain and or swelling in your joints limit your activities?

Answer: Yes

Have you broken bones(fractures) in any parts of your body?

Answer: No

Do you have constant pain in your bones?

Answer: No

Have you had an amputation?  
*Answer: No*

INTEGUMENT

Integument Problems (Eczema, Psoriasis, Dermatitis, Urticaria, Other)  
*Answer: Yes*

Diagnoses

Other

Describe  
*Answer: Active*

Supported by  
*Answer: History, Symptoms, Physical Findings*

Other  
*Answer: Hx Rosacea (no current Tx)*

Do you have ulcers or wounds that require dressings?  
*Answer: No*

Do you have a chronic skin condition?  
*Answer: Yes*

Does your skin problem require the use of chronic medication, cream or ointment?  
*Answer: No*

Do you get pains in your legs when you walk that make you stop to get relief?  
*Answer: No*

Do you have skin breakdown or ulcers around your ankles?  
*Answer: No*

ENDOCRINE


Endocrine Problems  
*Answer: No*

Have you lost weight in the past 6 months?  
*Answer: None*

HEMATOLOGY / IMMUNOLOGY / INFECTIOUS DISEASE

Hematology / Immunology / Infection Disease Problems (Anemia, easy bruising or abnormal bleeding Thrombocytopenia , Other)  
*Answer: No*

CANCER



FOCUSCARE

18

**Diagnosis of Cancer**  
*Answer: No*

**Pain**

**Does the patient experience pain?**  
*Answer: Yes*

**Is the Pain Acute?**  
*Answer: No*

**Is the Pain Chronic?**  
*Answer: Yes*

**Describe**  
*Answer: Active*

**Where**  
*Answer: DJD with Spondylosis--Lumbosacral region with Rt sciatica complaints*

**Do you take Methadone**  
*Answer: No*

**What drug/s do you take for it**  
*Answer: Neurontin, Ibuprofen*

**How bad is your pain on a scale of one to ten with one being very mild and ten being severe**  
*Answer: varies based on activity, today 5/10*

**Is the Patient Undergoing Pain Management Planning?**  
*Answer: No*

**Was the patient advised regarding the potential for dependence?**  
*Answer: No*

**Is there any evidence of Maladaptive Behavior?**

**Tolerance?**  
*Answer: No*

**Withdrawal?**  
*Answer: No*

**Increased usage over a longer period that intended?**  
*Answer: No*

Desire or unsuccessful effort to cut down on use?

Answer: No

Excess time spent in activities to obtain the substance?

Answer: No

Continued use despite Doctor advice or patient knowledge of habituation?

Answer: No

Physical or Psychological Problem related to the substance use?

Answer: No

Vital Signs

Vital Signs

Blood Pressure	
Pulse	
Respiratory Rate	
Temp	
Pulse Oximetry	
Pain Scale /10	5/10

BMI

Comment:

Patients Height	5 feet 7 inch
Patients Weight	190 lbs
BMI	29.8

Exam Review

Constitutional

General appearance:

Answer: Normal

Head and Face

Examination of head and face:

Answer: Normal

Palpation of the face and sinuses:

Answer:

Comment: Virtual, limited exam

<b>Eyes</b>
<b>Inspection of conjunctiva and lids:</b> <i>Answer:</i> Normal
<b>Examination of pupils and irises:</b> <i>Answer:</i> <i>Comment:</i> Virtual, limited exam

<b>Ears, Nose, Mouth and Throat</b>
<b>External Inspection of ears and nose:</b> <i>Answer:</i> Normal
<b>Otoscopic examination:</b> <i>Answer:</i> <i>Comment:</i> Virtual, limited exam
<b>Assessment of hearing:</b> <i>Answer:</i> Normal
<b>Inspection of nasal mucosa, septum and trubinales:</b> <i>Answer:</i> <i>Comment:</i> Virtual, limited exam
<b>Inspection of lips, teeth and gums:</b> <i>Answer:</i>
<b>Examination of oropharynx:</b> <i>Answer:</i>

<b>Neck</b>
<b>Examination of neck:</b> <i>Answer:</i> Normal <i>Comment:</i> Virtual, limited exam
<b>Examination of thyroid:</b> <i>Answer:</i>

<b>Pulmonary</b>
<b>Assessment of respiratory effort:</b> <i>Answer:</i> Normal
<b>Percussion of chest:</b> <i>Answer:</i> <i>Comment:</i> Virtual, limited exam

<b>Palpation of chest:</b> <i>Answer:</i>
<b>Auscultation of lungs:</b> <i>Answer:</i>

<b>Cardiovascular</b>
<b>Palpation of heart:</b> <i>Answer:</i> <i>Comment:</i> Virtual, limited exam
<b>Auscultation of heart:</b> <i>Answer:</i>
<b>Carotid Arteries:</b> <i>Answer:</i>
<b>Abdominal Aorta:</b> <i>Answer:</i>
<b>Pedal Pulses:</b> <i>Answer:</i>
<b>Examination of Arterial Pulses:</b> <i>Answer:</i>
<b>Examination of Edema / Varicosities:</b> <i>Answer:</i>

<b>Lymphatic</b>
<b>Palpation of cervical nodes (neck)</b> <i>Answer:</i> <i>Comment:</i> Virtual, limited exam
<b>Palpation of preauricular nodes (in front of the ears)</b> <i>Answer:</i>
<b>Palpation of Submandibular nodes (under jaw line/chin)</b> <i>Answer:</i>

<b>Musculoskeletal</b>
<b>Examination of gait and station:</b> <i>Answer:</i> Normal
<b>Inspection/palpation of digits and nails:</b> <i>Answer:</i>

<i>Comment:</i> Virtual, limited exam
<b>Inspection/palpation of joints, bones and muscles:</b> <i>Answer:</i>
<b>Assessment of range of motion:</b> <i>Answer:</i>
<b>Assessment of stability:</b> <i>Answer:</i>
<b>Assessment of muscle strength/tone:</b> <i>Answer:</i>

<b>Skin</b>
<b>Inspection of skin and subcutaneous tissue:</b> <i>Answer:</i> Normal
<b>Palpation of skin and subcutaneous tissue:</b> <i>Answer:</i> <i>Comment:</i> Virtual, limited exam

<b>Neurologic</b>
<b>Indicate specific cranial nerve tested</b> <i>Answer:</i> CN (3, 4, 6), (5, 7, 8, 10, 11, 12)---appears WNL (virtual)
<b>Indicate cranial nerve deficits found</b> <i>Answer:</i> Virtual, limited exam
<b>Romberg Test</b> <i>Answer:</i> <i>Comment:</i> Virtual, limited exam
<b>Examination of reflexes:</b> <i>Answer:</i>
<b>Examination of sensation:</b> <i>Answer:</i>
<b>Coordination:</b> <i>Answer:</i> Normal

<b>Diabetes</b>
<b>Foot Exam:</b> <i>Answer:</i>

Comment: N/A

Psychiatric

Description of patient's judgement / insight:  
Answer: Normal

Orientation of person, place and time:  
Answer: Normal

Recent and remote memory:  
Answer: Normal

Mood and affect:  
Answer: Normal

Screenings Needed									
Screening Name	Member Eligible	Status	Barcode	Confirm Barcode	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select	Select			No				Virtual, no screenings
HBA1C	Select	Select			No				
MICROALBUMIN	Select	Select			No				
FOBT	Select	Select			No				
DEXA	Select	Select			Select				
PAD	Select	Select			No				
LDL	No	Select			No				

Mini-Cog

Word List Version

1

Person's Answers	
Word Recall	0
Clock Draw	0
Total Score	0
Comment: No Mini-Cog, age 49yo with no apparent memory issues	

Home Safety & Personal Goals

40. In the past year how many times have you Fallen?  
Answer: None

41. Home Safety

a. Do you have obstacles in the house, loose small rugs or objects on the floor that could cause tripping?  
Answer: No

b. Do you have electrical cords running across floors, in doorways or under a rugs?  
Answer: No

c. Do you have no slip mats on the shower floor or bath tub?  
Answer: No

d. Do have adequate lighting in hallways and on the stairs?  
Answer: Yes

e. Do you have handrails on staircases?  
Answer: Yes

f. Is your hot water heater set for a maximum of 120 degrees?  
Answer: Yes

g. Do you have smoke detectors on each level of the house and in all sleeping a rooms?  
Answer: Yes


h. Do you have carbon Monoxide detectors on each level of the house?  
Answer: Yes

i. Have used established an escape route in the event of fire?  
Answer: Yes

42. Are there things about yourself you wish you could change or improve?  
Answer: Low back pain issues & activity

43. Is there anything that you could do to improve your quality of life?  
Answer: Smoking cessation & improved activity

44. Have you ever physically or felt emotionally abused by someone
Answer: No
45. Feeling like harming others or yourself
Answer: No
46. Are you afraid of anyone or is anyone hurting you?
Answer: No

Patient Summary	
Assessors Comments	<p>Annual Health Assessment, responses provided by member(Judy).</p> <p>She numerous medical conditions, many of which she is not taking Tx. She has bothersome Low back issues &amp; COPD which reportedly limits her activity. She has pending Referral to Pain Mgmt to assist with pain issues.</p> <p><b>**Past Medical Hx listed for Anemia(she denies any known issues), OSA (denies any Hx or any CPAP), denies any cannibas use</b></p> <p><b>**Virtual visit, therefore some blank responses due to limited assessment info.</b></p> <p><b>**Verification: Name/DOB</b></p>
Member informed of acknowledgment	true
Date/Time of Service/ Evaluation :	2021-04-14T12:14
Time exam finished	2021-04-14T12:52
Provider Signature	<div><div>Temeka Gillespie</div><div>Digitally signed by Temeka Gillespie, FNP 2021-04-14, 19:55</div></div>
Addendum	
Member Acknowledgment	<p>I have been advised by the evaluator and understand that the services performed by the evaluator are limited to the evaluation performed today; the evaluator has no further duties to me once the evaluation performed today is completed ; the evaluator is not liable for abandonment my refusing to provide me treatment or continuing care to me beyond this evaluation; and I should contact my primary care or treating physician for all questions and concerns regarding medical care and treatment or, in the event of an emergency, call 911</p>

Disclosure Statement	<p>Your health plan has asked Focus Care to conduct, on its behalf, health assessments on its patients. The health assessment includes questions to help your health plan learn more about your current health status, including potential health risks. This information will help your health plan and your physician help you maintain or achieve your best state of health.</p>
	<p>Generally, your personal health information (PHI) may only be used and disclosed by us with your express written authorization. Focus Care has implemented several security measures to protect your PHI from being released orally, in writing, or electronically. Additional information about these safeguards are available upon request.</p>
	<p>Treatment Purposes. We may disclose medical information about you to other health care providers who are or will be involved in taking care of you. For example, the results of your health assessment will be sent to your health plan. Your health plan will use this information to identify your health needs and offer available programs to you. Your health plan shares your completed health risk assessment with your physician.</p>
	<p>Payment Purposes. We may use or disclose your medical information for payment purposes. It is necessary for us to disclose your completed health assessment to your health plan so that we may bill and receive payment for this service.</p>
	<p>Health Care Operations. We may use and disclose your personal health information in order for us to conduct our healthcare business, which is administration of the health assessment on behalf of your health plan.</p>
	<p>Other uses and disclosures of your PHI will be made only with your written authorization unless otherwise permitted or required by law. The use or disclosure will be made in compliance with the law and will be limited to the requirements of such law.</p>
	<p>In addition, we may release your personal health information to third party 'business associates' who perform various activities for us, such as billing or electronic transmissions of PHI. Whenever our arrangement with a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.</p>
	<p>Your agreement to participate with the health assessment implies your consent to provide the results</p>

	of your health assessment to your health plan.
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