

HRA Form

Plan :	VPHP - VIRGINIA PREMIER
Program :	Medicare
LOB :	DSNP
Region :	CENTRAL
Aligned :	Y
Health Plan :	Virginia Premier Healthcare Advantage
Member Name :	THERESA V WALKER
Evaluator Name :	
Assessment Type :	Health Risk Assessment
DOB :	1976-04-11
Evaluation Date :	
Visit Type :	

Demographics

Name	THERESA V WALKER
Gender	Female
Address	16448 DAHLGREN ROAD APT B
City	KING GEORGE
State	VA
Zip	224859999
Date of Birth	1976-04-11
Age(as of date)	45
Marital Status	Divorced
Member Identification Number	11011627
HICN	2FH1YH5JP06
Phone Number	5403102904
Cell Number	
Email	
Emergency Contact	Kristen Keene (mother)
Phone Number	4076167128
Primary Care Physician	DEDWYLDER, ROSIER D
Phone Number	5406449505
PCP Address	5254 Potomac Dr
PCP City	King George

PCP State	VA
PCP Zip	224855832
PCP County	
Office ID	P9059060
Office Name	SENTARA PRATT MEDICAL GROUP

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: Completed 12th grade

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: 1 level

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: Family

12. Are you currently a caregiver for someone?

Answer: No

13. Tobacco use

Answer: Former

Comment: Quit 2017

Type

Answer:Cigarettes

How Many

14. Alcohol Use

Answer: Former

Comment: Former Alcoholic (quit 2017)

How many drinks	How Often
Select	Select

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: Yes

Where is it kept?

Answer: Home file & PCP

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:

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:

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: Need Some Help

How far can you walk

Answer: One block

H. Going up or down stairs

Answer: Need Some Help

How many stairs can you climb

Answer: None

Medical History

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

Answer: Walker , Wheel Chair , Bedside Commode

21. Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Neurologist		Muscle Myopathy
Other	Rheumatologist	Muscle Myopathy
Psychiatrist		Bipolar

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

A. Seen your PCP

Answer: 4

B. Visited the Emergency Room

Answer: 1

If one or more, describe

Answer: Feb 2020--Severe muscle weakness complications

C. Stayed in the hospital overnight

Answer: 1

If one or more, describe

Answer: Feb 2020--x5days (Muscle Myopathy)

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: Yes

Describe

Answer: March 2017--Liver Transplant

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

Physical Therapist

Answer: No

<div><div>Occupational Therapist</div><div>Answer: No</div><div>Dietician</div><div>Answer: No</div><div>Social Worker</div><div>Answer: No</div><div>Pharmacist</div><div>Answer: No</div><div>Speech Therapist</div><div>Answer: No</div><div>Chiropractor</div><div>Answer: No</div><div>Personal Care Worker (HHA, CNA, PCA)</div><div>Answer: No</div><div>Meals on Wheels</div><div>Answer: No</div></div>
<div><div>25. In the past two years have you received any of the treatments below?</div><div><div>Chemotherapy</div><div>Answer: No</div><div>Catheter Care</div><div>Answer: No</div><div>Oxygen</div><div>Answer: No</div><div>Wound Care</div><div>Answer: No</div><div>Regular Injections</div><div>Answer: No</div><div>Tube Feedings</div><div>Answer: No</div></div></div>
<div><div>Family History</div><div>26. Family History</div><div>Answer: Yes</div></div>

Family Member	Medical Condition	Cause of Death
Sibling1	Cervical cancer	
Other	MGM Lung cancer, CAD/MI	

Preventive Care

27. In the past three years have you had?

Screen	Answer
Colonoscopy	Yes
Breast Exam/Mammography	Yes
Cervical Screening	Yes
Bone Density	No
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:

Comment: Unknown

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: yes

Substance	Reaction
Sulfa	Fever, N/V
Augmentin	swelling
Codeine	N/V
Vitamin K	Breathing difficulties

Medications

Comment : IVIG --infusions QA1 month

Dose Date	Label Name	Dose / Units	Route	Frequency	Status
2021-03-03	Seroquel	100mg	PO = By Mouth	HS	Taking
2021-03-03	Omeprazole	20mg	PO = By Mouth	QD	Taking
2021-03-03	Amlodipine	10mg	PO = By Mouth	QD	Taking
2021-03-03	Prednisone	0.5mg	PO = By Mouth	QD	Taking
2021-03-03	Cellcept	1500mg	PO = By Mouth	BID	Taking

36. Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
2021-03-03	Tylenol	325mg	PO = By Mouth	prn

37. Chronic Use of

Answer: Steroids

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: Yes

Do you have trouble seeing even with glasses?

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: No

CARDIOVASCULAR

Cardiovascular (Hypertension, Angina, Ischemic Heart Disease(CAD), Myocardial Infarction, Other)

Answer: Yes

Diagnoses

Hypertension

Describe

Answer: Active

Supported by

Answer: Medications

Comment: Tx Amlodipine

Adequately controlled

Answer: Yes

History of Chest Pain

Answer: No

History of Intermittent Claudication

Answer: No

Implanted Pacemaker

Answer: No

Implanted Defibrillator

Answer: No

Do you have abnormal heart beats?

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

Cirrhosis

Describe

Answer: History of

Supported by

Answer: Symptoms, Physical findings, Lab studies

End Stage Liver Disease

Answer: Yes

Comment: Hx of End stage Liver disease due to chronic alcoholism & Fatty Liver
As of March 2017, s/p Liver Transplant--currently doing well (Tx Cellcept, Prednisone)

Supported by history / finding of

Answer:

Comment: Previous Hx Ascites, now resolved since Transplant

GERD

Describe

Answer: Active

Supported by

Answer: Heartburn / Dyspepsia

Other

Describe

Answer: Active

Supported by

Answer: History, Symptoms, Physical Findings, Medications

Other

Answer: March 2017 Liver Transplant

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

<div>History of pain after eating <i>Answer: No</i></div> <div>History of Jaundice <i>Answer: No</i></div> <div>Do you follow a special diet? <i>Answer: No</i></div> <div>Do you have frequent abnormal abdominal pain? <i>Answer: No</i></div> <div>Do you have intermittent nausea or vomiting? <i>Answer: No</i></div> <div>Do you have trouble with constipation? <i>Answer: No</i></div> <div>Does diarrhea limit your ability to get out of the room or socially? <i>Answer: No</i></div> <div>Do you see blood in your urine? <i>Answer: No</i></div> <div>Do you have Frequent Stomach Pain <i>Answer: No</i></div>
<div>Bowel Movements <i>Answer: Normal</i></div>
<div>Abdominal Openings <i>Answer: No</i></div>
<div>Rectal Problems <i>Answer: No</i></div>
<div>Last Bowel Movement <i>Answer: 1-3 days ago</i></div>
<div>NEURO-PSYCH Neuro / Psych Problems (Stroke, Parkinson's disease, Seizures Paraplegia, Depression, Other) <i>Answer: Yes</i> Diagnoses Bipolar Disorder Describe <i>Answer: Active</i> Supported by <i>Answer: History of mood swings, Medication</i></div>

Comment: Tx Seroquel

Other

Describe

Answer: Active

Supported by

Answer: History, Symptoms, Medications

Other

Answer: Insomnia (Tx Seroquel)

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

Answer: No

Do you worry too much about different things?

Answer: No

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

Do you trouble understanding what people say to you?

Answer: No

Do your hands shake?

Answer: No

<p>Do you have convulsions and seizures? <i>Answer: No</i></p> <p>Do you have trouble with your memory? <i>Answer: No</i></p> <p>Do you have trouble finding words? <i>Answer: No</i></p> <p>Do you have trouble sleeping? <i>Answer: Yes</i></p> <p>Have you lost your appetite <i>Answer: No</i></p> <p>Do you hear voices or see things that other people do not <i>Answer: No</i></p> <p>Do you have highs and lows <i>Answer: Yes</i></p> <p>Do you ever feel like someone is out to get you <i>Answer: No</i></p>					
<p>How often do you go out to meet with family or friends <i>Answer: Sometimes</i></p>					
<p>GPCOG Score or MMSE Score</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">GPCOG Score</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 5px;">or MMSE Score</td> <td></td> </tr> </table>		GPCOG Score		or MMSE Score	
GPCOG Score					
or MMSE Score					
<p>If GPCOG or MMSE is not done, is</p> <p>Patient oriented to person <i>Answer: Yes</i></p> <p>Patient oriented to place <i>Answer: Yes</i></p> <p>Patient oriented to time <i>Answer: Yes</i></p> <p>Recall <i>Answer: Good</i></p> <p>Patient describes recent news event <i>Answer: Yes</i></p>					
<p>Affect <i>Answer: Normal</i></p>					

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things

Answer: Several Days

Feeling down, depressed or hopeless

Answer: Several Days

PHQ 2 Score : <3

Speech

Answer: Normal

Finger to Nose

Answer: Normal

Heel (Shin) to Toe

Answer:

Comment: Virtual, limited exam

Thumb to Finger Tips

Answer: Normal

Sitting to Standing

Answer: Needs Assistance

Comment: Need assistance

Facial / Extremity Movement

Answer: Normal

Gait

Answer: Other (Findings may also apply to Musculoskeletal diagnoses)

Comment: Walking with walker

GENITOURINARY

Genitourinary Problems (Overactive Bladder, Urinary Incontinence Stress Incontinence, Benign Prostatic Hypertrophy, Others)

Answer: No

MUSCULOSKELETAL

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

Answer: Yes

Diagnoses

Other

Describe

Answer: Active

Supported by

Answer: History, Symptoms, Medications

Other

Answer: ****Muscle Myopathy (Dx 2019, Tx IVIG infusions & Prednisone)**-- Diffuse Muscle weakness & profound weakness especially in Bilat arms/legs & torso regions, she rarely leaves home, mostly in bed due to weakness, occasional up walking with support of walker & occasional wheelchair use

****Low back pain with Rt Sciatica**

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: No

Do you have pain in your joints?

Answer: No

Do you have a problem straightening any joints?

Answer: No

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

Answer: No

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: 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

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: Low Back pain with Rt Sciatica pain

Do you take Methadone

Answer: No

What drug/s do you take for it

Answer: Tylenol prn

How bad is your pain on a scale of one to ten with one being very mild and ten being severe

Answer: Variable day to day, no reported pain today

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	0

BMI

Comment:

Patients Height	5 feet 6 inch
Patients Weight	240 lbs

BMI	38.7
Obesity Level <i>Answer:</i> Moderate Obesity (BMI 35 – 39.9)	

Exam Review
Constitutional General appearance: <i>Answer:</i> Normal
Head and Face Examination of head and face: <i>Answer:</i> Normal Palpation of the face and sinuses: <i>Answer:</i> <i>Comment:</i> Virtual, limited exam
Eyes Inspection of conjunctiva and lids: <i>Answer:</i> Normal Examination of pupils and irises: <i>Answer:</i> <i>Comment:</i> Virtual, limited exam
Ears, Nose, Mouth and Throat External Inspection of ears and nose: <i>Answer:</i> Normal Otoscopic examination: <i>Answer:</i> <i>Comment:</i> Virtual, limited exam Assessment of hearing: <i>Answer:</i> Normal Inspection of nasal mucosa, septum and trubينات: <i>Answer:</i> Inspection of lips, teeth and gums:

Answer:
Examination of oropharynx: Answer:

Neck
Examination of neck: Answer: Normal
Examination of thyroid: Answer: Comment: Virtual, limited exam

Pulmonary
Assessment of respiratory effort: Answer: Normal
Percussion of chest: Answer: Comment: Virtual, limited exam
Palpation of chest: Answer:
Auscultation of lungs: Answer:

Cardiovascular
Palpation of heart: Answer: Comment: Virtual, limited exam
Auscultation of heart: Answer:
Carotid Arteries: Answer:
Abdominal Aorta: Answer:
Pedal Pulses: Answer:
Examination of Arterial Pulses: Answer:

Examination of Edema / Varicosities: <i>Answer:</i>
Lymphatic
Palpation of cervical nodes (neck) <i>Answer:</i> <i>Comment:</i> Virtual, limited exam
Palpation of preauricular nodes (in front of the ears) <i>Answer:</i>
Palpation of Submandibular nodes (under jaw line/chin) <i>Answer:</i>
Musculoskeletal
Examination of gait and station: <i>Answer:</i> Abnormal <i>Comment:</i> Generalized weakness, using walker for support
Inspection/palpation of digits and nails: <i>Answer:</i>
Inspection/palpation of joints, bones and muscles: <i>Answer:</i>
Assessment of range of motion: <i>Answer:</i>
Assessment of stability: <i>Answer:</i>
Assessment of muscle strength/tone: <i>Answer:</i>
Skin
Inspection of skin and subcutaneous tissue: <i>Answer:</i> Normal
Palpation of skin and subcutaneous tissue: <i>Answer:</i> <i>Comment:</i> Virtual, limited exam
Neurologic
Indicate specific cranial nerve tested

Answer: CN (3, 4, 6), (5, 7, 8, 10, 11, 12)--appears WNL (virtual)
Indicate cranial nerve deficits found Answer: Virtual, limited exam
Romberg Test Answer: Comment: Virtual, limited exam
Examination of reflexes: Answer:
Examination of sensation: Answer:
Coordination: Answer: Abnormal Comment: Generalized weakness, using walker

Diabetes
Foot Exam: Answer: 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
DIGIT	Yes	Oth			No				Virtual, no

AL_RE TINAL _EXAM		er							screening s
HBA1 C	Yes	Oth er	11111 111	11111 111	No				
MICRO ALBUM IN	Yes	Oth er	22222 222	22222 222	No				
FOBT	No	Oth er	33333 333	33333 333	No				
DEXA	N/A	Oth er			No				
PAD	Yes	Oth er			No				
LDL	No	Oth er	44444 444	44444 444	No				

Mini-Cog

Word List Version	1
Person's Answers	
Word Recall	0
Clock Draw	0
Total Score	0
Comment: No Mini-Cog, age 44yo with Memory intact	

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

<p>d. Do have adequate lighting in hallways and on the stairs?</p> <p><i>Answer:</i> Yes</p> <p>e. Do you have handrails on staircases?</p> <p><i>Answer:</i></p> <p><i>Comment:</i> 1 level</p> <p>f. Is your hot water heater set for a maximum of 120 degrees?</p> <p><i>Answer:</i> Yes</p> <p>g. Do you have smoke detectors on each level of the house and in all sleeping a rooms?</p> <p><i>Answer:</i> Yes</p> <p>h. Do you have carbon Monoxide detectors on each level of the house?</p> <p><i>Answer:</i> Yes</p> <p>i. Have used established an escape route in the event of fire?</p> <p><i>Answer:</i> Yes</p>
<p>42. Are there things about yourself you wish you could change or improve?</p> <p><i>Answer:</i> Improved Activity</p>
<p>43. Is there anything that you could do to improve your quality of life?</p> <p><i>Answer:</i> Activity & Wt loss</p>
<p>44. Have you ever physically or felt emotionally abused by someone</p> <p><i>Answer:</i> No</p>
<p>45. Feeling like harming others or yourself</p> <p><i>Answer:</i> No</p>
<p>46. Are you afraid of anyone or is anyone hurting you?</p> <p><i>Answer:</i> No</p>

Patient Summary	
Assessors Comments	Annual Health Assessment, responses provided by member (Theresa). She's s/p Liver Transplant (March 2017) , Hx Liver failure due to Fatty Liver & Alcohol abuse. Currently stable on current Tx regimen, managed by Hepatologist. Also, a.s of Oct 2019 onset of weakness that got progressively worse, Dx Muscle Myopathy (receiving IVIG Tx infusions Qmonth). She reported muscle weakness worse in Bilat arms/legs & torso, therefore bedridden most days but sometimes up with walker with occasional use of wheelchair. Her mother is her designated caretaker who assist with ADL's & other care needs.

	<p>**Virtual visit, therefore some blank responses due to limited assessment info.</p> <p>**Verification: Name/DOB</p>
Member informed of acknowledgment	true
Date/Time of Service/ Evaluation :	2021-03-03T11:15
Time exam finished	2021-03-03T12:09
Provider Signature	<div><div>Temeka Gillespie</div><div>Digitally signed by Temeka Gillespie, FNP 2021-03-04, 21:26</div></div>
Addendum	
Member Acknowledgment	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
Disclosure Statement	<div><div>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.</div><div>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.</div><div>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</div></div>

	<p>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 of your health assessment to your health plan.</p>