

CONFIDENTIAL INFORMATION

From :

c/o Focus Care
500 West Cummings Park
Suite 2700
Woburn, MA 01801

To :

Dr. HAFFIZULLA, HOPE A
12901 Briggs Rd
Chester, VA, 238315335

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is STRICTLY prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is NOT sufficient for this purpose.



HAFFIZULLA, HOPE A
12901 Briggs Rd
Chester, VA, 238315335

c/o Focus Care
500 West Cummings Park, Suite 2700
Woburn, MA 01801

06/14/2022

Dear HAFFIZULLA,

Re: Patient WILLIAM ROSE, DOB: 01/08/1961

Recently, one of your patients had a health visit with Focus Care. The visit was authorized by Virginia Premier Health, your patient's health insurance plan.

The attached document is a copy of the laboratory test results from their visit with Focus Care. We hope the information from these test results will be valuable and support you in your role as a primary care provider.

If you have any questions, please call 1-800-318-6023 (TTY/TDD 711), Monday through Friday, 8:30 am to 9:00 pm.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Mattingly", followed by the letters "mo" in a smaller, less legible script.

Mark Mattingly, M.D.
Vice President, Medical Affairs

Patient Assessment Summary

Name	: WILLIAM ROSE	Age	: 61
Date of Birth	: 1961-01-08	Member ID	: 11000718
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-5-31 06:00 PM
Gender	: Male	Address	: 12509 WINFREE ST,CHESTER,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8048598104, 8047352743
Primary Language	:	Race	: African American

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	61	Patients Height		Patients Weight	
BMI					

Allergies

None

Current Medications

None

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

None

Care management related to patient's activity levels

Assisitive Devices and DME

Cane, Prosthesis, Wheel Chair, Bed Pan, Other -

Falls during the past year

None

Care management related to past medical history

Number of times in the past 12 months seen PCP : 1

Number of times in past 12 months been to the Emergency Room : 1

Number of times in past 12 months stayed overnight in hospital : 1

Number of times in past 12 months been in a nursing home : 1

Had Surgery in the last 12 months : 1

Ever been hospitalized prior to the past 12 months: No

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	HAFFIZULLA, HOPE A	

Family History:

None

Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening	Exam Date	Screening Result	Diagnosis	Comments
----------------	-----------	-----------	------------------	-----------	----------

Patient Assessment Summary

Name : WILLIAM ROSE
Date of Birth : 1961-01-08
Evaluator Name : test clinicianFE, FNP
Gender : Male
Lob : DSNP
Email :
Primary Language :

Age : 61
Member ID : 11000718
Date : 2022-5-31 06:00 PM
Address : 12509 WINFREE ST,CHESTER,VA
Marital Status :
Phone : 8048598104, 8047352743
Race : African American

	Completed				
MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

Preventative Follow up needed

Screenings

None

Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Discuss medication side effects with your Doctor	
Hearing evaluation	
Eye exam	
Swallowing evaluation	
Take medications as prescribed	
Other	

Assessor Comments	
-------------------	--