



Trinity Health

IHA Medical Group

Welcome!

We are pleased that you have chosen our practice for your healthcare needs. Caring for you is our privilege. Enclosed are several informational items that will acquaint you with the practice and provide useful information about your care with us. We encourage you to take a few minutes to look through the information provided. If you have any questions or concerns, please feel free to call a member of our staff at the main practice phone number. Please refer to the enclosed practice brochure for location information. Additionally, our website has been designed to assist patients with frequently asked questions and directions to our locations. Visit us at IHAcare.com.

In preparation for your appointment, please:

- complete the enclosed new patient forms located on the right-hand side of your packet.
- be sure to bring the listed items to your appointment, outlined in this packet.
- plan to arrive to your appointment 15 minutes early, in order to complete the patient registration process.

Please note that minor children (under 18 years of age) must be accompanied by a parent, or legal guardian, for most services, unless we have written consent on file. If you wish to have a minor consent on file, please complete the enclosed form and bring it with you to your appointment.

We accept most common insurance plans. We are happy to submit the claim to participating insurance companies. If we do not participate with your carrier, or your services are not covered, you will be responsible for your balance at the time of service. Please understand your coverage prior to your visit. If you have any billing questions, our reception staff will be happy to assist you.

Again, thank you for choosing IHA Medical group. We look forward to providing you with superior care and service. Please contact our office if you have any further questions prior to your appointment.

Sincerely,

IHA Medical Group Providers & Staff



Missed Appointment Policy

Dear Patient,

We strive to create as many appointments as possible for our physicians and nurse practitioners so that we can provide all the services needed by our patients. We need the help of our patients to make our system work. We know and understand how busy everyone's lives are and we know plans change. We would like the courtesy of a call if an appointment cannot be kept.

It is our policy that any scheduled appointment be canceled with **at least 24 hours** notice to the appointment time except in the case of an unforeseen emergency.

If an appointment is canceled, we will do our best to give our patient the next available appointment time for the type of visit required.

If you fail to keep an appointment, our office will send a letter notifying you of the missed appointment and the missed appointment will be noted in your chart. There will be no charge for one missed appointment. However, in the event of a second and third missed appointment or late notice of cancel, there will be a charge of \$39. Three missed appointments may cause dismissal from our practice.

Please understand this policy will not affect those patients who keep their appointments. In an office with many missed appointments we are trying to accommodate those patients that need to be seen in our office. We look forward to your anticipated understanding and cooperation.

Sincerely,

IHA Medical Group Providers & Staff

Patient Financial Obligations

IHA is dedicated to providing the best possible care and service to our patients in a cost-effective manner. We regard the patient's prompt handling of their financial responsibility as essential to ensure that we can provide quality services. In order to accomplish this, we depend upon prompt payment for the services we provide. To reduce any misunderstanding or confusion, we have adopted the following policy.

Payment options if you have insurance:

IHA has made prior arrangements with most insurance companies and health plans to accept assignment of benefits. We will file a claim with all insurance companies we participate with. Please be advised that unreported changes in medical insurance could result in billing delays, rejections and personal responsibility for the services provided.

Financial Responsibilities:

- A. You will need to pay your deductible, co-pay and any determined out-of-pocket portions at the time of service.** Unpaid co-pays will be reported to your carrier since this is a requirement of your insurance plan and may affect your insurance coverage.
- B. Bring your current insurance information to each visit.** Failure to provide complete and accurate insurance information may result in patient responsibility for the entire bill. **It is your responsibility to understand your insurance benefits to include deductible amounts.**
- C.** If your health plan considers the service to be a "non-covered" benefit, you will be responsible for the charges at the time of service. If we are unable to verify coverage, you will be asked to sign a waiver (written acknowledgement) that these charges may not be covered, and you will be responsible for prompt payment of all uncovered services.
- D.** You should understand that your failure to meet your financial obligations to IHA may include (but is not limited to) additional actions such as written correspondence, collection activities, reporting to outside credit bureaus and termination of your patient relationship with IHA.

Payment options if you have no insurance:

Payment is expected on the day that treatment is rendered unless prior arrangements have been made. You can pay by cash, check, MasterCard, VISA or Discover. Alternative payment plans may be available for those patients who qualify (when made prior to your appointment). You may inquire about this with an IHA financial representative at your office.

Patient Appointments: We make every effort to see our patients promptly, likewise we ask that you arrive 15 minutes before your scheduled time to register and complete paperwork so that your arrival time does not impact our ability to keep our scheduled times with you or other patients. Note that patients who are sick or have a serious problem often need to be seen on the same day. The office reserves the right to charge for "missed appointments", and you should be familiar with our missed appointment policy. We ask that patients call the office promptly if you expect to be a late arrival, are unable to keep an appointment, or need to reschedule.

Minors: The parent(s) or guardian(s) accompanying a minor are responsible for payment. Minors must be accompanied by a parent or legal guardian to be treated. Any exception requires the parent or legal guardian to provide IHA, prior to treatment, a signed "Authorization" to provide medical treatment.

Monthly Statement: If you have a balance on your account, you will be billed promptly. It will show separately the patient balance due for each visit. The total amount due from you will be summarized at the bottom of the statement. Unless we approve other arrangements in writing, the balance on your statement is due upon receipt.

Billing Fees: Any balances not paid upon receipt of your statement will be assessed a monthly **late charge** at the rate of 1.5% of the outstanding adjusted balance of your account. The adjusted balance is determined by taking the patient balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Collection Fees of \$33 per transaction will be assessed for returned or NSF checks. Further collection activity and late charges can be avoided by the timely payment of your account.

PLEASE READ THE ABOVE PATIENT OBLIGATIONS AND AGREE TO FOLLOW THIS POLICY. FURTHER, UNDERSTAND THAT FINANCIAL ASSISTANCE IS AVAILABLE TO YOU UPON REQUEST. PLEASE CONTACT AN IHA FINANCIAL ADVOCATE TO ASSIST YOU AT: (734) 997-7700.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Trinity Health Michigan (THMI) is required by the Health Insurance Portability and Accountability Act of 1996, and the Health Information Technology for Economic and Clinical Health Act (found in Title XIII of the American Recovery and Reinvestment Act of 2009) (collectively referred to as "HIPAA"), as amended from time to time, to maintain the privacy of individually identifiable patient health information (this information is "protected health information" and is referred to herein as "PHI"). We are also required to provide patients with a Notice of Privacy Practices regarding PHI. We will only use or disclose your PHI as permitted or required by applicable state law. This Notice applies to your PHI in our possession including the medical records generated by us.

THMI understands that your health information is highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how we will use and disclose your PHI.

This Notice applies to the delivery of health care by THMI and its medical staff in the main hospitals, outpatient departments, clinics, home care and hospice programs, system-owned physician practices, and pharmacies. This Notice also applies to the utilization review and quality assessment activities of THMI as a member of Trinity Health, a Catholic health care system with facilities located in multiple states throughout the United States.

I. Permitted Use or Disclosure

A. Treatment: THMI will use and disclose your PHI to provide, coordinate, or manage your health care and related services to carry out treatment functions. The following are examples of how THMI will use and/or disclose your PHI:

- i. To your attending physician, consulting physician(s), and other health care providers who have a legitimate need for such information in your care and continued treatment.
- ii. To coordinate your treatment (e.g., appointment scheduling) with us and other health care providers such as name, address, employment, insurance carrier, etc.
- iii. To contact you as a reminder that you have an appointment for treatment or medical care at our facilities.
- iv. To provide you with information about treatment alternatives or other health-related benefits or services.
- v. If you are an inmate of a correctional institution or under the custody of a law enforcement officer, THMI will disclose your PHI to the correctional institution or law enforcement official.

B. Payment: THMI will use and disclose PHI about you for payment purposes. The following are examples of how THMI will use and/or disclose your PHI:

- i. To an insurance company, third party payer, third party administrator, health plan or other health care provider (or their duly authorized representatives) for payment purposes such as determining coverage, eligibility, pre-approval / authorization for treatment, billing, claims management, reimbursement audits, etc.
- ii. To collection agencies and other subcontractors engaged in obtaining payment for care.

C. Health Care Operations: THMI will use and disclose your PHI for health care operations purposes. The following are examples of how THMI will use and/or disclose your PHI:

- i. For case management, quality assurance, utilization, accounting, auditing, population-based activities relating to improving health or reducing health care costs, education, accreditation, licensing, and credentialing activities of THMI.
- ii. To consultants, accountants, auditors, attorneys, transcription companies, information technology providers, etc.

D. Other Uses and Disclosures: As part of treatment, payment, and health care operations, THMI may also use your PHI for the following purposes:

- i. Fundraising Activities: THMI will use and may also disclose some of your PHI to a related foundation for certain fundraising activities. For example, THMI may disclose your demographic information, your treatment dates of service, treating physician information, department of service and outcomes information to the foundation who may ask you for a monetary donation. Any fundraising communication sent to you will let you know how you can exercise your right to opt-out of receiving similar communications in the future.
- ii. Medical Research: THMI will use and disclose your PHI without your authorization to medical researchers who request it for approved medical research projects. Researchers are required to safeguard all PHI they receive.
- iii. Information and Health Promotion Activities: THMI will use and disclose some of your PHI for certain health promotion activities. For example, your name and address will be used to send you general newsletter or specific information based on your own health concerns.

E. More Stringent State and Federal Laws: The State law of Michigan is more stringent than HIPAA in several areas. Certain federal laws also are more stringent than HIPAA. THMI will continue to abide by these more stringent state and federal laws.

i. More Stringent Federal Laws: The federal laws include applicable internet privacy laws, such as the Children's Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.

ii. More Stringent State Laws: State law is more stringent when the individual is entitled to greater access to records than under HIPAA. State law also is more restrictive when the records are more protected from disclosure by state law than under HIPAA. In cases where THMI provides treatment to a patient who resides in a neighboring state, THMI will abide by the more stringent applicable state law.

F. Health Information Exchange: THMI shares your health records electronically or otherwise with state-designated Health Information Exchange ("HIE") that exchange health records with other HIEs. THMI also uses data exchange technology (such as direct messaging services, HIPS, and provider portals) with its Electronic Health Record ("EHR") to share your health records for continuity of care and treatment. HIEs and data exchange technology also enable the sharing of your health records to improve the quality of health care services provided to you (e.g., avoiding unnecessary duplicate testing). The shared health records will include, if applicable, sensitive diagnoses such as HIV/AIDS, sexually transmitted diseases, genetic information, and mental health substance abuse, etc. HIEs and data exchange technology function as our business associate and, in acting on our behalf, they will transmit, maintain, and store your PHI for treatment, payment and health care operation purposes. HIEs and data exchange technologies are required to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality and integrity of your medical information. State law may provide you rights to restrict, opt-in, or opt-out of HIE(s). For more information, please contact THMI's Privacy Officer at 734.712.3577.

II. Permitted Use or Disclosure with an Opportunity for You to Agree or Object

A. Family/Friends: THMI will disclose PHI about you to a friend or family member who is involved in or paying for your medical care. You have a right to request that your PHI not be shared with some or all of your family or friends. In addition, THMI will disclose PHI about you to an agency assisting in disaster relief efforts so that your family can be notified about your condition, status, and location.

B. THMI Directory: THMI may include certain information about you in a directory while you are a hospital patient at THMI. This information will include your name, location in THMI, your general condition (e.g., fair, stable, critical, etc.) and your religious affiliation. The directory information, except your religious affiliation, will be disclosed to people who ask for you by name. You have the right to request that your name not be included in THMI's directory. If you request to opt-out of the directory, we cannot inform visitors of your presence, location, or general condition.

C. Spiritual Care: Directory information, including your religious affiliation, will be given to a member of the clergy, even if they do not ask for you by name. Spiritual care providers are members of the health care team at Trinity Health and may be consulted upon regarding your care. You have the right to refuse services offered by the Trinity Health Spiritual Care team. You also have the right to request that your name not be given to any member of the community (non-Trinity Health affiliated) clergy.

D. Media Reports: THMI will release facility directory information to the media (excluding religious affiliation) if the media requests information about you using your name and after we have given you an opportunity to agree or object.

III. Use or Disclosure Requiring Your Authorization

A. Marketing: Subject to certain limited exceptions, your written authorization is required in cases where THMI receives any direct or indirect financial remuneration in exchange for making the communication to you which encourages you to purchase a product or service or for a disclosure to a third party who wants to market their products or services to you.

B. Research: THMI will obtain your written authorization to use or disclose your PHI for research purposes when required by HIPAA.

C. Psychotherapy Notes: Most uses and disclosures of psychotherapy notes require your written authorization.

D. Sale of PHI: Subject to certain limited exceptions, disclosures that constitute a sale of PHI require your written authorization.

E. Other Uses and Disclosures: Any other uses or disclosures of PHI that are not described in this Notice of Privacy Practices require your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time.

IV. Use or Disclosure Permitted or Required by Public Policy or Law without your Authorization

A. Law Enforcement Purposes: THMI will disclose your PHI for law enforcement purposes as required by law, such as identifying a criminal suspect or a missing person or providing information about a crime victim or criminal conduct.



Scan here to read a digital copy.

B. Required by Law: THMI will disclose PHI about you when required by federal, state, or local law. Examples include disclosures in response to a court order / subpoena, mandatory state reporting (e.g., gunshot wounds, victims of child abuse or neglect), or information necessary to comply with other laws such as workers' compensation or similar laws. THMI will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies.

C. Public Health Oversight or Safety: THMI will use and disclose PHI to avert a serious threat to the health and safety of a person or the public. Examples include disclosures of PHI to state investigators regarding quality of care or to public health agencies regarding immunizations, communicable diseases, etc. THMI will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA regulated products or activities, including collecting and reporting adverse events, tracking, and facilitating in product recalls, etc.

D. Coroners, Medical Examiners, Funeral Directors: THMI will disclose your PHI to a coroner or medical examiner. For example, this will be necessary to identify a deceased person or to determine a cause of death. THMI may also disclose your medical information to funeral directors as necessary to carry out their duties.

E. Organ Procurement: THMI will disclose PHI to an organ procurement organization or entity for organ, eye, or tissue donation purposes.

F. Specialized Government Functions: THMI will disclose your PHI regarding government functions such as military, national security and intelligence activities. THMI will use or disclose PHI to the Department of Veterans Affairs to determine whether you are eligible for certain benefits.

G. Immunizations: THMI will disclose proof of immunization to a school where the state or other similar law requires it prior to admitting a student.

V. Your Health Information Rights

You have the following individual rights concerning your PHI:

A. Right to Inspect and Copy: Subject to certain limited exceptions, you have the right to access your PHI and to inspect and copy your PHI as long as we maintain the data.

If THMI denies your request for access to your PHI, THMI will notify you in writing with the reason for the denial. For example, you do not have the right to psychotherapy notes or to inspect the information which is subject to law prohibiting access. You may have the right to have this decision reviewed.

You also have the right to request your PHI in electronic format in cases where THMI utilizes electronic health records. You may also access information via patient portal if made available by THMI.

You will be charged a reasonable copying fee in accordance with applicable federal or state law.

B. Right to Amend: You have the right to amend your PHI for as long as THMI maintains the data. You must make your request for amendment of your PHI in writing to THMI, including your reason to support the requested amendment.

However, THMI will deny your request for amendment if:

- i. THMI did not create the information;
- ii. The information is not part of the designated record set;
- iii. The information would not be available for your inspection (due to its condition or nature); or
- iv. The information is accurate and complete.

If THMI denies your request for changes in your PHI, THMI will notify you in writing with the reason for the denial. THMI will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that THMI include your request for amendment and the denial any time that THMI subsequently discloses the information that you wanted changed. THMI may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal.

C. Right to an Accounting: You have a right to receive an accounting of the disclosures of your PHI that THMI has made, except for the following disclosures:

- i. To carry out treatment, payment, or health care operations;
- ii. To you;
- iii. To persons involved in your care;
- iv. For national security or intelligence purposes; or
- v. To correctional institutions or law enforcement officials.

You must make your request for an accounting of disclosures of your PHI in writing to THMI.

You must include the time period of the accounting, which may not be longer than 6 years. In any given 12-month period, THMI will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

D. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment, or health care operations functions or to prohibit such disclosure. However, THMI will consider your request but is not required to agree to the requested restrictions.

E. Right to Request Restrictions to a Health Plan: You have the right to request a restriction on disclosure of your PHI to a health plan (for purposes of payment or health care operations) in cases where you paid out of pocket, in full, for the items received or services rendered.

F. Right to Confidential Communications: You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that THMI only contact you at work or by mail.

G. Right to Receive a Copy of this Notice: You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

VI. Breach of Unsecured PHI

If a breach of unsecured PHI affecting you occurs, THMI is required to notify you of the breach.

VII. Sharing and Joint Use of Your Health Information

In the course of providing care to you and in furtherance of THMI's mission to improve the health of the community, THMI will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

A. Medical Staff. The medical staff and THMI participate together in an organized health care arrangement to deliver health care to you at THMI. Both THMI and its medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care to you in THMI. Physicians and allied health care professionals are members of THMI's medical staff will have access to and use your PHI for treatment, payment and health care operations purposes related to your care with THMI. The THMI will disclose your PHI to the medical staff for treatment, payment, and health care operations.

B. Membership in Trinity Health. THMI and other members of Trinity Health participate together in an organized health care arrangement for utilization review and quality assessment activities. As a part of Trinity Health, a national Catholic health care system, THMI and other hospitals, nursing homes, and health care providers in Trinity Health share your PHI for utilization review and quality assessment activities of Trinity Health, the parent company, and its members. Members of Trinity Health also use your PHI for your treatment, payment to THMI and/or for the health care operations permitted by HIPAA with respect to our mutual patients. All members of Trinity Health have agreed to abide by the terms of this Notice with respect to PHI created or received as part of utilization review and quality assessment activities. Members of Trinity Health will abide by the terms of their own Notice of Privacy Practices in using your PHI for treatment, payment, or health care operations.

Please go to Trinity Health's websites for a listing of member organizations at <http://www.trinity-health.org/>. Or, alternatively, you can call THMI's Privacy Official to request the same.

C. Business Associates. THMI will share your PHI with business associates and their Subcontractors contracted to perform business functions on THMI's behalf, including Trinity Health which performs certain business functions for THMI.

D. Your Health Care Providers and Care Coordinators. You receive care from THMI delivered in an integrated care setting, where patients are seen by several different providers and in several care settings as part of continuity of care and coordinated care delivery. THMI shares your PHI with other health care providers and care coordinators who work together to provide treatment, obtain payment, and conduct health care operations. Your PHI is shared electronically in multiple ways with providers involved in the delivery of care and care coordination. Your PHI may be shared via a direct connection to the electronic health record system of other providers. Your PHI may be shared in a health information exchange or via technology that enables downstream providers and care coordinators to obtain your information. Your PHI may be shared via secure transmission to other providers' inboxes.

VIII. Changes to this Notice.

THMI will abide by the terms of the Notice currently in effect. THMI reserves the right to make material changes to the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. The new notice will be available upon request, in our office, and on our web site. You can also ask THMI for a current copy of the Notice at any time.

IX. Complaints.

If you believe your privacy rights have been violated, you may file a complaint with THMI's Privacy Official. All complaints must be submitted in writing directly to THMI's Privacy Official. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. **THMI assures you that you will not be retaliated against for filing any complaint.**

X. Privacy Official – Questions / Concerns / Additional Information.

If you have any questions, concerns, or want further information regarding the issues covered by this Notice of Privacy Practice or seek additional information regarding THMI's privacy policies and procedures, please contact THMI's Privacy Officer: 5301 McAuley Dr, Ypsilanti, MI 48197, 734.712.3577.

Patient Centered Medical Home

A Patient Centered Medical Home is health care focused on you, the patient. It is a partnership between you and your doctor. Your doctor leads a team of health care professionals committed to improving your overall health and to helping you reach your health goals. Your health team will be led by your primary care physician and may also include nurses, specialty physicians, a nutritionist, care managers and others depending on your needs. Instead of being treated for a problem here and there without making a connection between symptoms, the Patient Centered Medical Home focuses on connecting the dots and coordinating care. Do not hesitate to come to us with any questions you may have.

Join the MyChart Patient Portal

The MyChart Patient Portal offers patients electronic access to their health care information and a way to communicate with their physician's office that is convenient, safe and secure. The MyChart Patient Portal offers secure access to many important services.

As we move into the future, you may notice that:

- We ask you what your goals are, or what you want to do to improve your health or the health of your family member.
- We ask you to help us plan your or your child's care and let us know if you think you or they can follow the plan.
- We give you a written copy of the care plan.
- The care team members are actively involved in planning the care you receive.
- We remind you when tests are due so that you or your child receive the best quality care.
- We ask that blood tests are done before the visit so that the doctor has the results at your or your child's visit.
- We offer patients a chance to join in a special type of visit called a "group visit."

A partnership means that we trust you to:

- Communicate openly about any symptoms or changes in your or your family member's health and well-being.



- Learn about wellness and disease prevention and make healthy decisions about you and your family's daily habits and lifestyle.
- Follow the care plan that is agreed upon – or let us know why you are not able to so that we can try to help or change the plan.
- Tell us when you or your family member see other doctors, have a change in medication(s) or have received any other tests or treatments. Please ask them to send us a report so we are well-informed.
- Learn and become familiar with the insurance that covers you and your family.
- Respect us as individuals and partners in your care.
- Give us feedback so that we can improve our services.
- Come prepared to pay your office visit fee when you are seen in the office.

Continued →



Trinity Health IHA Medical Group

Prescription Renewals

It is important that you ask to have prescription(s) renewed at the time of your visit. Many medications may require an office visit before they can be renewed. Please keep this in mind so that you do not run out of medication(s) before the next office visit.

If you think you or your family member may run out of medication(s) before the next office visit, you may request a renewal through the MyChart Patient Portal on IHAcars.com or call the office at least 24 hours in advance. Please have the name and dosage of the medication(s) and your pharmacy information ready when you call.

Appointments

We know that your time is valuable and we do our best to see our patients at their scheduled time. Patients are encouraged to arrive at least 15 minutes early and sign in at the front desk. This extra time allows our staff to update records prior to you seeing the provider. If you are unable to keep your or your family member's scheduled appointment, please notify us so that we may let another patient have that appointment time. Frequently missed appointments may result in a missed appointment fee.

We are Enhancing the Way We Deliver Health Care

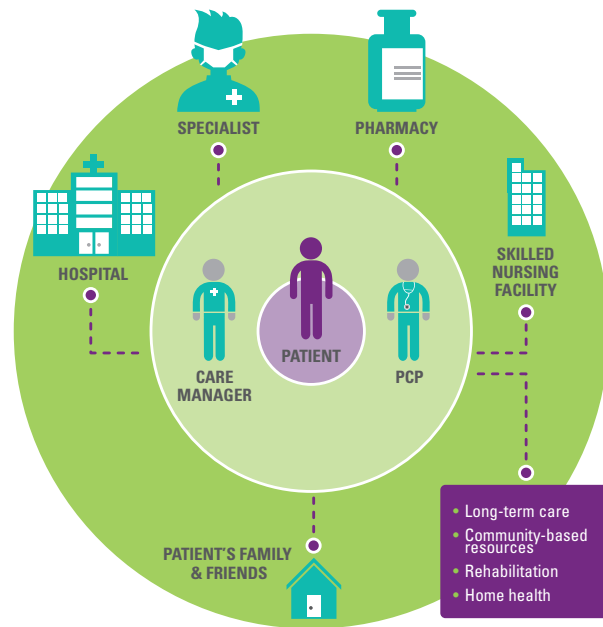
Patient Centered Medical Home (PCMH)

PCMH patients and their family (when appropriate) establish a partnership with their practitioners to ensure they have the support and education needed to make decisions and participate in their own health care.

Patient Centered Medical Home - Neighborhood (PCMH-N)

PCMH-N begins with you, the patient, at the center. Your "neighborhood" consists of your primary care physician/nurses, along with specialty physicians, social workers, or other medical professionals depending on your needs. The PCMH-N team is committed to helping you reach your health care goals and improve your overall health through timely, appropriate and coordinated care.

The Medical Neighborhood



Trinity Health IHA Urgent Care

Our urgent care locations not only offer extended hours seven days a week including holidays, but also now offer patients the ability to **save their spot**. This allows patients to seek care at a time and location that is convenient for them. That also includes urgent care video visits in as soon as 10 minutes.

To learn more, visit: IHAcars.com/saveyourspot



SCAN HERE TO SAVE YOUR SPOT!

Please visit us online for the most up-to-date hours at: IHAcars.com/urgentcare



Trinity Health IHA Medical Group

MyChart

MyChart Waiting? Sign Up

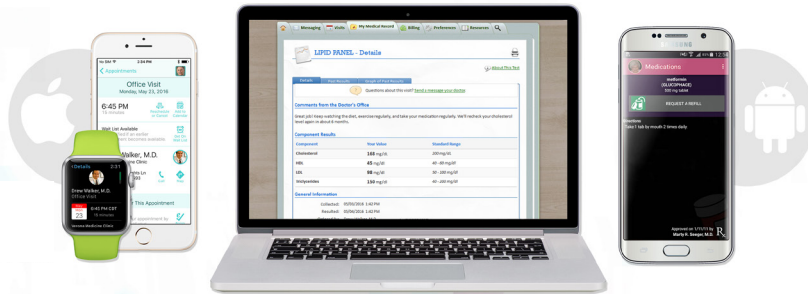
Sign up for MyChart to get the results from any tests you have today sooner! You'll also get notes from your visit right to your phone.

Ask the medical assistant to send you a registration link or type **mychart.trinity-health.org** into you phone's browser and click **Sign up now**.

Sign up today at mychart.trinity-health.org



iOS



Android



MyChart is available through any web browser at mychart.trinity-health.org, or download the Trinity Health MyChart mobile app on your smart phone.

With MyChart you can:



Manage Your Appointments



Communicate with your doctor



Online visits



Pay bills online



Access your test results



Request prescription refills

Adult History New Patient Form

PLEASE BRING ALL MEDICATION(S) TO YOUR APPOINTMENT.

Please complete this form and bring it with you to your visit.

Date: _____

Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Birth Sex: Male Female **Current Gender Identity:** Choose not to disclose Female Female-to-Male/Transgender Male
 Undifferentiated Genderqueer Male Male-to-Female/Transgender Female

Preferred Pronoun: Decline to answer He, Him, His She, Her, Hers They, Them, Theirs Ze, Hir Other _____

Single Married Widow(er) Partner Divorced **Who do you live with?** Alone Partner Family Other

Email: _____ Would you like to enroll in the Patient Portal? Yes No

Occupation: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Insurance: _____ Policy Number: _____

Having race, ethnicity and language information for all of our patients helps us know them better.

Race: Alaskan Native or American Indian Asian Black or African American Native Hawaiian or Other Pacific Islander
 White Unknown Other _____ Declined

Ethnicity: Hispanic or Latino Not Hispanic or Latino Declined

Primary Language: English Spanish Other _____ Declined

Are there any other languages spoken in the home? If yes, please list:

Preferred Pharmacy: _____

Address: _____

Phone: _____ Fax: _____

Routine Check Up – No Symptoms

Reason for Visit: *(please list all current symptoms)*
1. _____
2. _____
3. _____
Chronic Problems:
1. _____
2. _____
3. _____
4. _____
5. _____

Do you take your medications as directed? Yes No
***Please bring all medications to your visit in a bag.**

Name of Medication	Dosage	Times Per Day
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Supplements / Herbs / Over the counter medication:
1. _____
2. _____

Allergies:		Allergies:	
Source	Reaction	Source	Reaction
1. _____		4. _____	
2. _____		5. _____	
3. _____		6. _____	

Have you ever had any of the following?

(If yes, enter date to those that apply)

TEST	Date
Eye Exam	_____
Dental Exam	_____
Cholesterol	_____
PPD (TB test)	_____
HIV test	_____
Hepatitis C	_____
Stool blood test	_____
Colonoscopy	_____
Bone density	_____
Chest X-Ray	_____
Heart Stress Test	_____
Blood transfusion	_____
MRI	_____
Sleep Study	_____
Other	_____

Surgical History	Date	Surgical History	Date
Angioplasty	_____	Heart Valve	_____
Appendectomy	_____	Hernia repair	_____
Arthroscopy of knee	_____	Hip/Knee replacement	_____
Back surgery	_____	Hysterectomy	_____
CABG (Heart bypass)	_____	Why did you have a hysterectomy?	_____
Carpal tunnel release	_____		
Cataract extraction	_____	Was your cervix removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Colon resection	_____	Were your ovaries removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Colostomy	_____	Did you have a vaginal hysterectomy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Defibrillator	_____	LASIK	_____
Fracture	_____	Mastectomy	_____
Location: _____		Small bowel resection	_____
Gallbladder out	_____	Thyroidectomy	_____
Gastric bypass	_____	Tonsillectomy	_____
Gastric Band	_____	Pacemaker	_____
Gastric Sleeve	_____	Prostate surgery	_____
		Other	_____

Other recent physician or hospital visits:

1. _____ 2. _____ 3. _____

Social History (Check all that apply)

Alcohol Use Yes No Former

Years Drinking _____

Drinks per week _____

Type _____

Quit date _____

Last drink _____

Caffeine Yes No Amount/week

Coffee _____

Pop/Soda _____

Energy drinks _____

Other: _____

Exercise Yes No

Frequency (Hours/week): _____

Types: _____

Tobacco Yes No Former

Cigarettes

Packs per day _____

Cigars

Chewing Tobacco

Would like to quit

Years of use _____

Year quit _____

Sexual History

Are you currently sexually active?

Yes No

Any history of sexually transmitted diseases? Yes No

If yes, when? _____

Recreational drug use

Yes No Former

Have you ever used IV drugs?

Yes No

Personal safety

Do you wear your seatbelt?

Yes No

Do you have difficulty dressing yourself?

Yes No

Do you have difficulty carrying 10 pounds?

Yes No

Do you have difficulty shopping?

Yes No

Other

Have you experienced a fall in the last year? Yes No If yes, how many times have you fallen this year? _____

Were you injured in the fall(s)? Yes No

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

Little interest or pleasure in doing things Not at all Several days More than half the days Nearly daily

Feeling down, depressed or hopeless Not at all Several days More than half the days Nearly daily

Do you work? Yes No Retired

Do you have a Living Will/Durable Power of Attorney? Yes No

How many children do you have? _____

Personal and Family History Unknown/Adopted

(Check all that apply)

Circle any items that were known cause of death for relative

MEDICAL CONDITION	SELF	RELATIVE	WHICH RELATIVE
ADD/ADHD	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Alcoholism	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Alzheimer's Disease/Dementia	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Anemia	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Angina	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Anxiety	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Atrial fibrillation	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
BPH (enlarged prostate)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Blood clots	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Blood disease (vists to hematology)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Cancer(s):			
Breast	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Colon	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Lung	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Prostate	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
CVA (Stroke or TIA)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Colon problems	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
COPD (emphysema)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Coronary artery disease	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Developmental Delay	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Eczema	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Gall Stones	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Gallbladder disease	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
GERD	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Glaucoma/Cataracts	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Hearing deficiency	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Heart disease/problems	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
before age 40 (male)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
before age 50 (female)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Hemorrhoids	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Hepatitis C	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Hyperlipidemia (high cholesterol)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Hypertension (high blood pressure)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Injuries:			
Concussion or head injury	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Car/motorcycle accident injury	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Ever been knocked unconscious	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Broken bones?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Which ones?			
Any other injuries:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____

MEDICAL CONDITION	SELF	RELATIVE	WHICH RELATIVE
Irritable bowel disease	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Kidney disease	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Kidney stones	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Learning disability	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Liver disease	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Lupus	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Mental illness	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Migraines/headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Obesity	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Osteoarthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Osteoporosis	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Peptic ulcer disease	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Peripheral vascular disease	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Psoriasis	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Rheumatoid Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Seizure disorder/Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Sleep Apnea	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
Thyroid disease	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
OTHER (please list)			
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____

Have you had the following illnesses or vaccines?
Check all that apply

	Date
<input type="checkbox"/> Hepatitis A	_____
<input type="checkbox"/> Hepatitis B	_____
<input type="checkbox"/> HPV (Gardasil)	_____
<input type="checkbox"/> Influenza	_____
<input type="checkbox"/> Last tetanus vaccination	_____
<input type="checkbox"/> Pneumonia (Pneumovax)	_____
<input type="checkbox"/> Pneumonia (Prevnar)	_____
<input type="checkbox"/> Shingles shot (Zostavax)	_____

FOR WOMEN ONLY

How many: Pregnancies _____ Live births _____

Menstrual History:
 Age when menstrual period began _____
 Do you use any form of birth control? Yes No
 If yes, what? _____

First day of last menstrual period _____

Screening Tests **Date**

Last pap smear: _____
 Any abnormal pap smears and/or cervical procedures?
 Yes No If yes, indicate results and date.

Mammogram: _____
 Any abnormal mammograms?
 Yes No If yes, indicate results and date.

Authorization for Sharing Information



1. THINGS YOU SHOULD KNOW (PRIVACY NOTICES):

- a) You should know that **if using a policyholder/parent's health insurance** plan for services, IHA and the insurance company may share your information to the policyholder/parent for services you have performed. **In addition, they would receive an explanation of benefits, and may gain access to medical and billing information about your visit.**
- b) Understand that this consent is for all locations and **will be in effect** until you revoke it in writing **or** for the **period specifically listed here**: _____. Further, you should understand that you may opt out of this type of release of information by providing written notice to your physician. Please note that completing a new Authorization to Share form automatically replaces the previous version on file.
- c) If you give permission to share your health information with another person, that person could **re-disclose** your health information and your information is no longer protected by Federal privacy regulations. Your health care will not be affected if you do not sign this form. **When we share information with others, they may be able to share it with others.**

This is where you (the patient) fill in YOUR information.

2. PATIENT: _____ / _____
LAST NAME FIRST NAME MI MAIDEN OR OTHER NAME DATE OF BIRTH

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE NUMBER(S): _____

EMAIL: _____

This is where you fill in the WHO you are allowing to get your information.

3. I CONSENT to share my health information with the following individual(s) involved in my care:

NAME: _____ DATE OF BIRTH: _____ (If Available)

ADDRESS: _____

PHONE: _____ RELATIONSHIP TO PATIENT: _____

NAME: _____ DATE OF BIRTH: _____ (If Available)

ADDRESS: _____

PHONE: _____ RELATIONSHIP TO PATIENT: _____

This is where YOU decide if you authorize IHA Medical Group to share your information as listed below.

4. I AGREE/DECLINE to share the following information: (THIS AUTH APPLIES TO ALL OFFICES)

INITIAL BY YOUR CHOICE HERE

I AGREE to share/release all relevant information, **INCLUDING** release of all the following.
Special consent information: HIV (Human Immunodeficiency Virus) related illness, testing OR Sexually Transmitted Diseases; AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex); Information about Alcohol and Drug Abuse Treatment; Information about Mental Health Services and Social Services. In addition, other private information such as pregnancy or contraceptive management information can be shared.
EXCLUSION - Records excluded from disclosure are those that meet the requirements for CFR 42 Part 2 and require a separate consent for release.

I AGREE to share/release all relevant information, **EXCLUDING** special consent areas above.

I AGREE to share/release **ONLY** this specific information: _____

I **DECLINE** to share/release my health information.

 SIGNATURE OF PATIENT DATE OR PARENT/LEGAL GUARDIAN DATE

PRESENTED ID: _____ PROOF OF LEGAL GUARDIANSHIP (when applicable): _____

PROCESSED BY THE FOLLOWING LOCATION: _____

STAFF INITIALS: _____ DATE: _____



AUTHORIZATION TO RELEASE COPIES OF A MEDICAL RECORD

Complete ALL Fields to ensure your request is processed

Note: You will not be contacted about the status of your requests, which can take up to thirty days to process. If you have questions, you can contact us at: 734-887-8966 or Medical_records@ihacares.com

AUTHORIZE AND REQUEST THE RELEASE OF INFORMATION BELOW FOR THE FOLLOWING PATIENT:

Patient Name: _____ Date of Birth: ___/___/___ Phone: _____
Address: _____ City/State/Zip: _____
Email Address: _____

RELEASE RECORDS FROM:

IHA/SMNG Provider Name: _____ Office Name: _____
 All IHA/SJMG Provider/Offices _____ Other (Be specific) _____

RELEASE RECORDS TO:

Me: I request Trinity Health to release my protected information to Myself at the address listed above.
 Other: I am the legally authorized representative of the patient listed above and request Trinity Health to release the protected health information to:
Name: _____ Company/Organization _____
Address: _____ City/State/Zip: _____
Email Address: _____ Fax: _____

REQUESTING MEDICAL RECORDS ON BEHALF OF ANOTHER PERSON: If you are requesting medical records for someone other than yourself, you may be required to provide additional documentation to show that you have a legal right to request record set. Examples of these documents include Letters of Representation, Guardianship Papers, Affidavits of Heir at law, etc. *BILLING: Billing information will be mailed to the address stated above unless otherwise specified.

INFORMATION TO BE RELEASED: (Check all that apply)

Dates of service: ___/___/___ through ___/___/___
 Office Visits Radiology Reports
 Outside Consult Notes Billing Record
 Laboratory Reports Entire Record
 Imaging/Films Other: _____

PURPOSE OF RELEASE (check reason):

Continuity of Care Transfer out Insurance Legal School Personal Workers Compensation

FORMAT (Charges may apply):

Format type: Encrypted link via Email Encrypted CD (delivered by Mail) Paper Copy (delivered by Mail)

Signature: _____ Print Name: _____ Date: _____

Sensitive Information: I request the following Information be released, which may include alcohol and drug abuse/treatment; psychological and social work counseling; HIV, AIDS, or ARC; communicable disease or infections, including sexually transmitted disease, venereal disease, tuberculosis and hepatitis, genetic information, and demographic information, for the purposes and conditions designated on this form. 42CFR Part 2 decline to share information.

Right to Revoke (cancelling) authorization: I have the right to revoke (cancel) this limited authorization in writing at any time. Revocations must be made in writing and sent to Trinity Health Release of Information with the address on the top of this form. Revocations will not apply to information that already has been released. If this authorization was obtained as a condition of providing insurance coverage, the authorization will not apply to my insurance company to the extent the law provides my insurer with the right to contest a claim under the policy or the policy itself.

Expiration: This authorization will expire in six months unless specified on the following date, event, or condition _____.

Re-disclosure: If the person or entity that receives the information is not a healthcare provider or health plan, covered by federal privacy regulations, I understand the information described above may be re-disclosed and no longer protected by these regulations.

INTERNAL USE			
PRESENTED ID: <input type="checkbox"/>	PROOF OF LEGAL GUARDIANSHIP: <input type="checkbox"/>	FEE COLLECTED: <input type="checkbox"/>	WRITTEN REQUEST TO REVOKE (ATTACH) <input type="checkbox"/>
VERIFIED BY: _____	DATE RECEIVED: _____		
PROCESSED BY: _____	DATE PROCESSED: _____	FORWARDING REQUEST TO MRO FOR PROCESSING <input type="checkbox"/>	

Physician Office Consent to Treatment

I. CONSENT FOR MEDICAL CARE, TESTING, AND TREATMENT:

- A. I voluntarily consent to treatment which may include a complete medical history, physical examination, performance of diagnostic procedures, lab tests, x-rays, and other medical procedures as deemed necessary and appropriate by the physician, physician assistant, nurse practitioner and/or associates, including residents, students, nurses, technicians, and assistants (each a "Provider") participating in my care on behalf of [Trinity Health IHA Medical Group or Trinity Health Medical Group] ("Facility"). I understand that, absent an emergency or extraordinary circumstance, I have the right to discuss all procedures or treatments with any Provider participating in my care, and to refuse any proposed procedure or course of treatment.
- B. I am aware that the practice of medicine and surgery is not an exact science, and that results and outcomes of treatment are different for each patient. I acknowledge that no guarantees or promises have been made to me regarding my health or the results or outcomes of any procedure, test, or treatment that I authorize my Provider to perform.
- C. I authorize Facility to dispose of any specimen or tissue remaining after completion of a clinical procedure or treatment.
- D. I understand that in the rare event that a Provider is exposed to my blood and/or body fluids, Facility may perform laboratory studies on my blood to detect the presence of any serious communicable diseases, such as hepatitis, HIV or AIDS. I understand Michigan law permits this testing without my consent and, should such testing occur, I will not be charged.

II. NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT AND RELEASE OF HEALTH RECORD INFORMATION:

- A. I acknowledge that I was offered and/or provided Facility's Notice of Privacy Practices, and that I may obtain an additional copy of the Notice at any time. This Notice describes how Facility uses and discloses protected personally identifiable information, including billing and medical information, in accordance with the protections of the law.
- B. I understand that the Facility may release my personal, billing, and medical information to other institutions, facilities, providers, payers, insurance companies or review agencies for use in connection with my current or future care, health care operations, including quality improvement and care coordination, or as required for Facility or Providers to receive payment for care. I understand and agree that this may include the following: (i) alcohol and drug abuse records protected under the regulations in 42 Code of Federal Regulations, Part 2; (ii) information related to HIV infection or AIDS; (iii) psychological records, social services records, and confidential communications made to a psychologist, social worker, or other provider.
- C. I understand and acknowledge that my information can be shared by Facility with other past, future, and current providers, caregivers, and facilities to coordinate my health care, for payment and for administrative purposes, including quality and care management, or as otherwise permitted or required by law. This information may include dates and services provided, location where treatment was received, treatment information, medications, diagnoses, names of physicians and other health care providers, including mental health professionals, and information related to diagnosis, care, or treatment of my mental or emotional condition.
- D. I acknowledge that my health record information may be released to my employer if this is a work-related exam or an injury for which a workers compensation claim has been filed.

III. AUTHORIZATION FOR PAYMENT/ FINANCIAL RESPONSIBILITY

- A. I assign and authorize payment directly to Facility for all services rendered. I understand that I am financially responsible for services that may not be covered under my health insurance policy or third-party payments except where contrary to law. I understand that it is my responsibility to pay for all charges not covered by my insurance company (including deductibles and co-payments). Facility offers a financial assistance program for qualified patients who cannot pay the full portion of their bill. [Add contact #].
- B. Receiving services at a designated provider-based office is the same as receiving services from one of Facility's affiliated hospitals. I understand that separate billing may be issued for both the services of the



Facility and the services of the healthcare professionals, and that neither's charges are included in the billings of the other.

IV. ADDITIONAL ACKNOWLEDGMENTS

- A. **Communication Methods:** I agree that Facility and its business associates may contact me by any phone number provided by me or associated with my health record. Facility may contact me by sending text messages or emails, using the contact information I provide. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device. I understand that I can choose not to participate in some or all these methods by completing an opt out form.
- B. **No Tolerance for Violence. I acknowledge that Trinity Health has a "Zero Tolerance for Violence" policy.** *This applies to all patients, colleagues, volunteers, and visitors. I understand that incidents may result in removal from the facility, dismissal from the practice and potential criminal prosecution.*
- C. **Chaperone:** I understand that Facility allows for a chaperone during my visit, and I will let my Provider, or the Facility staff know if I would like a chaperone present.
- D. **Missed Appointment Policy:** I acknowledge that Facility has a missed appointment policy and that I may request the policy for review. I agree to notify the office as soon as possible if unable to keep a scheduled appointment time.
- E. **Photography or Recording:** I consent to photography or videotaping of my care and the procedures performed, including appropriate portions of my body, as the Facility or Provider determines will benefit my care, and for quality improvement, scientific research, or educational purposes, provided my identity is not revealed by the pictures or by the descriptive text accompanying them. If the photographs, or recordings identify me in any way and are used for my care, those recordings will be retained by as part of my health record
- F. **Personal Valuables:** I understand that Facility does not accept responsibility for any lost, stolen, or damaged personal items while I am at the office.
- G. **Telemedicine Services:** I understand that I may receive care through telemedicine services. Telemedicine is the use of medical and personal information exchanged between clinician and patient via electronic communications and technology to improve a patient's health status.

THE PURPOSE OF THIS FORM WAS EXPLAINED TO ME AND I HAD THE OPPORTUNITY TO ASK QUESTIONS

Print Patient Full Name _____
Patient Date of Birth

Patient Signature _____
Date _____
Time

If patient is a minor or adult under guardianship, parent or legal guardian must sign

Signature of Parent or Legal Guardian _____
Date _____
Time

Print Name and Relationship to Patient. Describe authority to sign on behalf of patient



Guide to Care

Our family
caring
for yours.



Trinity Health
IHA Medical Group

Welcome to Trinity Health IHA Medical Group. We are here for you, with nearly 1,000 health care providers in over 125 locations close to your home or work. Please use this guide or go online at IHAcare.com to learn more about our team and how we may care for you and your family.

Free + Virtual

Patient Events

meet the pediatric providers

Our pediatric practices hold monthly group meetings for expectant parents and parents of potential new patients. Ask questions, learn about our practice philosophy, office hours and more!

Scan to register!



Life with Baby Post-Partum Class

Mom, Baby + Partner (2-4 weeks old)

**First Tuesday
of the Month
6:00 PM**

Scan to register!



Wednesday Wellness Education Series

Twice each month, one of our leading providers, physicians or surgeons will present on a variety of topics.

Scan to register!



Third Trimester Class

FOR NEW
MOMS
+ LABOR
COACHES

**Third Wednesday
of the Month
7:00 PM**

Scan to register!



Important Numbers

IHA Medical Group
Call Center
844-IHA-DOCS

Trinity Health Patient
Business Services (Billing)
800-494-5797

Trinity Health MyChart
Patient Portal support line
844-982-4278

IHA Medical
Group Imaging
734-434-0539

IHAcare.com



URGENT CARE

We are here to care for you seven days a week.

Brooklyn

212 S. Main St., Suite B
Brooklyn, MI 49230

P: 517-938-6085
F: 517-938-6086



Canton

1600 S. Canton Center Rd.
Canton, MI 48188

P: 734-844-8743
F: 734-844-8744



Domino's Farms

4200 Whitehall Dr.
Suite 150
Ann Arbor, MI 48105

P: 734-995-0308
F: 734-995-0425



East Brighton

5505 S. Old US 23, Suite 200
Brighton, MI 48116

P: 810-494-6810
F: 810-494-6805



EMU

1065 North Huron River Dr.
Suite 200
Ypsilanti, MI 48197

P: 734-896-4112
F: 734-896-4113



Hamburg

10020 Professional Centre Dr.
Suite 120
Hamburg, MI 48139

P: 810-231-6080
F: 810-231-0256



Howell

202 W. Highland Rd.
Howell, MI 48843

P: 517-338-9084
F: 517-338-9091



Milan

870 E. Arkona Rd.
Suite 105
Milan, MI 48160

P: 734-222-4150
F: 734-222-4151



Saline Late Summer 2023

7115 E. Michigan Ave.
Suite 200
Saline, MI 48176

Schoolcraft Campus
19000 St. Joe's Parkway
Suite 140
Livonia, MI 48152

P: 734-213-3688
F: 734-213-3687



Southeast Livonia

29370 Plymouth Rd.
Suite 200
Livonia 48150

P: 734-884-5212
F: 734-884-5213



South Lyon

23200 Pontiac Trail
South Lyon, MI 48178

P: 248-486-3310
F: 248-486-3309



Waterford

4400 Highland Rd.
Suite 200
Waterford, MI 48328

P: 248-599-6190
F: 248-618-0355




West Arbor

4350 Jackson Rd.
Suite 230
Ann Arbor, MI 48103

P: 734-887-4396
F: 734-887-4614



 General Ultrasound Available

 X-Ray Available

Please visit us online for the most up-to-date hours at:

IHAcares.com/urgentcare

What is Urgent Care?

Offering extended hours seven days a week including holidays, IHA Urgent Care is just what the patient ordered. No more waiting for hours in an Emergency Room, now you have a quicker, more cost-effective alternative that fits your schedule... and your budget.

We treat non-life-threatening medical conditions, such as:

- Back pain
- Cuts requiring stitches
- Conjunctivitis (pink eye)
- Fever or flu symptoms
- Fractures (broken bones)
- Headaches
- Mild to moderate allergic reactions
- Mild to moderate asthma
- Minor head injuries
- Seasonal allergies
- Sprains and strains
- Urinary tract infections (UTIs)

COVID-19 Related Symptoms at select Urgent Care locations:

- Cough
- Fever/Chills
- Shortness of Breath
- Fatigue
- Sore Throat
- Body Aches
- Nausea/Vomiting
- Pink Eye
- Loss of taste/smell
- Discolored fingers/toes
- Diarrhea
- Skin Rash

Visit IHAcares.com/covid19 for more info.



Save Your Spot

IHAcares.com/saveyourspot

Skip the wait and save your spot at our urgent care locations. Your saved spot is not a guaranteed appointment, but an option that allows you – or a sick family member – to seek care at a time that is convenient.



Trinity Health IHA Medical Group

PRIMARY CARE

LENAWEE COUNTY

Clinton

11775 Tecumseh-Clinton Hwy.
Clinton, MI 49236

P: 517-456-7449
F: 517-456-6059

Family Medicine

Sreevalli Attili, MD
Sarah Kaminsky, DO
Adam Kosteva, MD
Jeffrey Mendoza, DO
Cullen Salada, MD

LIVINGSTON COUNTY

Academic Family Medicine - Brighton

Trinity Health Medical
Center - Brighton
7575 Grand River Ave., Suite 210
Brighton, MI 48114

P: 810-844-7950
F: 810-494-6895

Family Medicine

Kelly Arenz, DO
Andrew Cunningham, MD
Benjamin Gilbert, DO
Jacquelynn Hatch, DO
Kathryn Lankton, DO, IBCLC
Cynthia Schuler, MD, CLC
Mark Zawisa, MD, FAAFP

East Brighton

5505 S. Old US 23, Suite 100
Brighton, MI 48116

P: 810-494-6885
F: 810-494-6839

Family Medicine

Aurielle Fanning, MD
Aaron Heller, DO
Steven Korycinski, MD
Alberto Nacif, MD, DipABLM
Raymond Smith, MD
Donna Vorias, MD

Genoa

2305 Genoa Business Park Dr.
Suite 200
Brighton, MI 48114

P: 810-494-6840
F: 810-494-6841

Family Medicine

David Bavers, MD
Robert Camilletti, DO, MPH
Andrew Cunningham, MD
Stacie Griffin, MD
Donya Hosseinian, MD
Rebecca Pawlik, MD, DABOM
Melissa Zimmerman, MD
Ellen Walukas, DNP

Hamburg

10020 Professional Centre Dr.
Suite 120
Hamburg, MI 48139

P: 810-231-0252
F: 810-231-0256

Internal Medicine

Amir Alawneh, MD
Nancy Carbajo, MD
Rodney Dewyer, MD
Stephanie Peterson, MD
Scott Stevens, DO
Rachel Walk, DO

Howell

202 W. Highland Rd.
Howell, MI 48843

P: 517-234-6540
F: 517-338-9083

Family Medicine

Kristyn Delecki, DO
Michael Paulson, DO
Tonya Sexton, DO
Benjamin Taggart, DO
Erin Obsniuk, CNP

Internal Medicine

Bassel Atasi, MD ■
Aaron Daniel, MD ■
Shruti Devineni, DO
Carranda Koop, MD

■ *Internal Medicine/Pediatrics*

Pinckney

10200 Dexter-Pinckney Rd., Suite 100
Pinckney, MI 48169

P: 734-878-1000
F: 734-878-1001

Family Medicine

Kevin Chu, MD
Michael DeBacker, MD
John B. Rasor, DO
Kelsey Scott, MD
Kristina Danko, CNP
Nicole Ehinger, CNP

Internal Medicine

Michelle Carveth, MD ■

■ *Internal Medicine/Pediatrics*

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Family Medicine

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Kristin McFadden, DO
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■ Internal Medicine/Pediatrics



Trinity Health Academic Practices

Our team of faculty and resident physicians provide the most up-to-date, evidence-based medical care in a caring, compassionate environment. Working closely with each of our patients, we develop personalized care plans with a special emphasis on preventive care so that, in addition to helping you with health concerns, we can work with you to avoid ones that may come up in the future.

Trinity Health IHA Medical Group Senior Primary Care & Consult Services

We specialize in providing primary care to patients aged 65 and older who have a history of complex conditions that require frequent visits.

Physicians and staff provide support to aging adults and caregivers by offering a comprehensive assessment, developing a plan and making connections to local resources. Each patient completes an initial questionnaire, receives an in-depth assessment and recommendations for care or resources to enhance the quality of life.

Senior Primary Care Services Offered:

- Annual wellness checks
- Chronic care visits
- Immunizations
- Cognitive assessments
- Home visits
- Support in setting and achieving health goals
- Coordination and continuity of health care when moving from one health care setting to another



Ann Arbor Campus

Opening May 8

Trinity Health Towsley Medical Center
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Aishah Raffee, DO, AGSF
Alvin Vargas, DO
Amy Bakalar, CNP



We have many providers in several of our primary care practices who can care for your child.

Arbor Park
Therese Benevich, MD

Canton
Kimberly McCord, MD

Howell
Bassel Atasi, MD
Aaron Daniel, MD

Lake Orion
Timothy Dickson, MD
Theresa Larsen, MD
Amy McCarthy, MD
Kathryn Rice, MD

Plymouth
Matthew Kohlenberg, MD
Jeffrey Van Hooser, MD

Rochester Hills
Walter Culver, MD

Southeast Livonia
Shyran Hines-Fenderson, MD
Rachel Marcucci, MD
Jane Philip, MD
Erin Walton-Doyle, MD

Waterford
Leslie Caren, MD

West Arbor
Hongyan (Grace) Yang, MD, PhD

Neighborhood
Bassel Atasi, MD
Corey Dean, MD, FAAP, FACP
Suzette D. LaVigne, MD, MPH, FAAP
Tomas Murphy, MD
Sara Platte, MD, FAAP

See pages 4 & 5 for details.

What is Internal Medicine/Pediatrics?

With a focus on lifelong preventive health care and overall well-being, our internal medicine and pediatric physicians and staff specialize in primary care for infants, children and adults. Internal Medicine/Pediatrics, sometimes called Med-Peds, is the combination of Internal Medicine (primary care for adults) and Pediatrics (primary care for infants, children and adolescents). Physicians receive an additional year of training and are board-certified in both internal medicine and pediatrics.

Trinity Health IHA Medical Group

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Kelly Spooner, CNP
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Wendy Roberts, MD, FAAP
Jamie Thompson, MD, FAAP
Matthew Waier, MD, FAAP
Eric Wheatley, MD, FAAP
Emma Adams, CNP, IBCLC
Mary Dobbs, CNP

Pediatric Specialties in Oakland

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A collaboration with our teams:



Cardiology

Pediatric Cardiology is different from the way cardiologists treat adult patients. The structure of children's hearts is different and smaller than adults' heart structure. Pediatric cardiologists have special training and experience treating conditions that affect the structure or rhythm of children's hearts. Pediatric cardiologists work closely with your child's pediatrician. They don't do surgery.



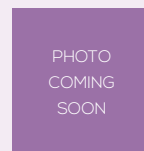
Clinton Cochran, MD



Daniel Turner, MD

Orthopaedics

Our team provides full-service care to newborns through young adults. Children with a bone, muscle or joint issue deserve comprehensive treatment from experts who specialize in caring exclusively for children and their unique needs. We believe that a team-based approach to musculoskeletal health, where bone and joint specialists with different backgrounds work together, provides the optimal care for each individual patient.



Noelle Whyte, MD



Christianne Marshall, PA-C

Urology

Pediatric urologists offer evaluation, diagnosis and treatment for infants, children and adolescents with abnormalities involving the kidneys, ureters, bladder, urethra and the reproductive organs of children. From routine, simple procedures to rare and complex conditions, we offer innovative, evidence-based treatment and a unique level of support and resources for children and families.



John Park, MD



Julian Wan, MD

OBSTETRICS & GYNECOLOGY

Academic Obstetrics & Gynecology - Ann Arbor Campus

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Maternal-Fetal Medicine

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Tatiana Harr, MPAS, PA-C
Amanda Hirsch, CNP
Molly Muir, CNM, CNP

OB Ultrasound

We have four locations for OB (obstetric) ultrasound. OB ultrasound is located within Maternal-Fetal Medicine Arbor Park, Oakland Hospital and West Arbor. OB Ultrasound has an additional location in Obstetrics & Gynecology - Brighton. A specially trained person known as a registered diagnostic medical sonographer (RDMS) will perform the examination which will be reviewed by a physician trained in fetal imaging.



Trinity Health Perinatal Wellness Center

The Trinity Health Perinatal Wellness Center is a comprehensive practice caring for women during and after their pregnancies. The Perinatal Wellness Center offers postpartum follow-up visits, perinatal mental health services, our breastfeeding medicine care and more.

Reichert Medical Center
 5333 McAuley Dr., Ste. 2106, Ypsilanti, MI 48197
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Angela Welton, LPC, IBCLC

Breastfeeding Medicine

Our International Board Certified Lactation Consultants (IBCLC) are board-certified providers or registered nurses who can provide you with expert care before, during and after your baby is born to ensure that you have the support and education you need to feel comfortable and confident in your decision to breastfeed. All lactation consultants provide breastfeeding support consistent with the recommendations of both the American Academy of Pediatrics, the International Board of Lactation Consultant Examiners and the Academy of Lactation Policy and Practice.

Reichert Medical Center
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Kathryn Lankton, DO, IBCLC **Emily Piniatoglou, CNP, IBCLC**
Nancy Dmitruchina, RN, IBCLC

Lactation consultants are available for one-on-one breastfeeding assistance. They can handle many types of breastfeeding issues including, but not limited to:

- Basic breastfeeding education
- Support and encouragement
- Help continuing with breastfeeding after returning to work or school
- Latch-on problems
- Sore nipples or engorgement
- Slow weight gain of infant
- Insufficient breast milk
- Medical conditions such as prematurity, Down syndrome, cleft lip and/or palate
- Breastfeeding multiples

Nurse Midwives

Bloomfield

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What is Midwifery?

Women are unique in many ways, very much like our Nurse Midwives. We not only offer comprehensive prenatal and childbirth services, but also provide the entire spectrum of well-woman gynecological care. With a focus on wellness education, our midwives are committed to enhancing a woman's self-reliance and trust in her normal life process. Our practice evidence-based medicine offering comprehensive women's health care, from preconception counseling, obstetrical and gynecologic services, normal labor management and vaginal deliveries.

SCAN HERE to meet the midwives!



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SURGERY

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Bariatric Surgery

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Trauma Surgery

Trauma surgeons perform emergency procedures to save people's lives when they have been critically injured, and undergo rigorous training to be able to treat a wide variety of life-threatening injuries.

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Brain & Spine Surgery

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Paul Nona, MD

Mansoor A. Qureshi, MD

Suraj Raheja, MD

Shilpa Reddy, MD

Cyril Ruwende, MD, PhD

Zakir H. Sahul, MD

Ashraf Saleh, MD

Robert L. Steele, MD

David Sutter, MD

Tanmay Swadia, MD

Arthur M. Szymiszewski, MD

Javier Valle, MD

James E. Wilks, MD

Galen Engel, CNP

Thomas J. Forton, CNP

Thais Hall, CNP

Amy L. List, PA-C

Kevin Marchildon, CNP

Anahit Movsesyan, PA-C

Kathleen Ritzert, CNP

Nidhi Patel, CNP

Michael Shaw, CNP

Elizabeth Stalder, CNP

Mary Zhen, PA-C

In the Hospital

Hospital Medicine

P: 877-336-6307 F: 734-887-8978

Our Hospital Medicine team is staffed with experienced internists, family medicine physicians and advance practice providers who are experts in the management and coordination of care of hospitalized patients. The Hospital Medicine team cares for patients hospitalized at Trinity Health Ann Arbor, Livingston, Chelsea and Livonia. Our providers are available 24 hours a day, seven days a week and regularly care for hospitalized adult patients with complex needs. Our team members coordinate the involvement of other Specialist providers and Ancillary Services, communicating with patients, families and works in partnership with your primary care physician to ensure a smooth and effective follow up plan after discharge.

Neonatology

P: 877-336-6307 F: 734-887-8979

Neonatology or neonatal medicine is a subspecialty of pediatrics that specializes in care of newborn infants, especially the seriously ill or premature newborn. Our Neonatology team is staffed by Neonatologists and Neonatal Nurse Practitioners that provide hospital based care in a Neonatal Intensive Care Unit (NICUs) or Special Care Nursery. Our providers are in the hospital and available 24 hours a day, seven days a week and provide treatment for breathing difficulties, birth defects, premature birth, feeding difficulties and many other conditions affecting newborn infants. Our Neonatology team provides care for newborn infants at Trinity Health St. Joseph Mercy Ann Arbor and Trinity Health St. Mary Mercy Livonia.

Pediatric Hospital Medicine

P: 877-336-6307 F: 734-887-8979

Pediatric Hospitalists are pediatricians who specialize in hospital medicine and newborn care. The pediatric hospitalists care for patients at Trinity Health Ann Arbor and Trinity Health Livonia. Our providers are available 24 hours per day, seven days a week and regularly care for hospitalized children and newborns. The Pediatric Hospitalist team is well equipped to deal with the sometimes challenging behavioral and psychological effects on children who are sick and need to be hospitalized. The team will pay special attention to communication with your child's primary care physician, that way the transition home and any follow up care needed can be easy and effective. Our Pediatric Hospitalists understand the coordination of care for acute disorders and newborn care, and are able to recognize and diagnose unusual disorders, anticipate problems and rapidly respond to crises or changes in a patient's condition.

Collaborative Care Behavioral Health Program

We work with patients who may have anxiety and/or depression – right here in your physician’s office! Our team is made up of a behavioral health specialist, your physician and a psychiatrist who talks with your doctor and behavioral health specialist. We all work together to help improve your overall well-being. In this program, the behavioral health specialist works with you to build skills and techniques to better manage your depression and/or anxiety. If you are interested in using medication to help control your symptoms, our team psychiatrist will talk to your behavioral health specialist and your physician to figure out the best treatment options.



Behavioral Health Program

- A behavioral health specialist will work with you for 3-6 months offering brief behavioral interventions
- They will check in often with you over the phone or at your physician’s office
- A psychiatrist consults with your behavioral health specialist and your primary care physician to help determine treatment options
- Your behavioral health specialist only works with patients experiencing depression and anxiety

Trinity Health Academic Psychiatry & Counseling

We provide quality outpatient psychiatry for adults, and counseling for patients 12 and older.

Trinity Health Medical Center - Schoolcraft Campus
19000 St. Joe’s Parkway
Suite 310
Livonia, MI 48152
P: 734-743-4540
F: 734-743-4541

William Cardasis, MD
Aimee Dereczyk, MD
Bruce Gimbel, MD
Jessica O’Mara, DO
Manzar Rajput, MD
Kevin Sethi, MD
Danielle Zazaian, DO, MPH
Lorna Burns, LMSW
Courtney Paladino, LMSW
Megan Powers, LPC
Amanda Warren, LMSW

Pediatric Behavioral Health Care

The IHA Medical Group Pediatric Behavioral Health Care team empowers children and their families to cope with behavioral issues and challenges so they can work toward healthy family growth.



Behaviors addressed include:

- Depression or anxiety
- Behavior concerns disruptive to school or home life
- Sleep issues
- Coping with stressful events such as illness, death in the family, starting or changing schools
- Problems with friends or bullying
- Divorce or remarriage
- Post-traumatic experiences

Working together:

- We work in collaboration with your child’s physician to improve your child’s or adolescent’s overall health
- We help the family to more fully understand the nature of a child or adolescent’s behavior and provide the tools to help them successfully navigate whatever challenges they are facing
- We will assess the most effective strategies for helping your child or adolescent and provide an opportunity for parents to clarify their own feelings
- We provide education and strategies to parents to empower families



What is Care Management?

At Trinity Health IHA Medical Group, Care Management works with patients who have moderate to complex illnesses. Located in your primary care practice, the care manager works in collaboration with your primary care physician and medical team to improve your overall health. The care manager works with you to assess and proactively manage your health, helping you to identify areas that you would like to improve or better manage.

Together you will work to build skills and techniques to better manage your health care conditions. Your care manager will help you set obtainable goals that are realistic, help you to identify solutions to overcome barriers and provide ongoing support and encouragement. This is a personalized service based on your needs. The care manager will call and meet with you regularly in your physician's office when it is convenient for you.

Nutrition Services

Our nutrition specialists offer nutrition counseling services at many locations. Their expertise can provide you with the necessary knowledge to achieve all of your individual and family dietary needs.

- One-on-one nutrition counseling
- Easy to follow, customized eating plans to achieve/maintain a healthy weight
- Prevention/management of chronic disease through dietary and lifestyle changes
- Guidance in managing nutrition science to form healthy habits that will help you look and feel better
- Assistance with all of the misinformation about food and nutrition
- Weight management programs
- A healing approach to treating diagnosed medical conditions and their associated symptoms

Women's Behavioral Health Care

The Women's Behavioral Health Care team empowers women ages 16 years and older to cope with issues and challenges so they can work toward healthy growth.

Psychotherapy services are available for the following areas:

- Preconception health and wellness
- Mood and anxiety concerns (depression, anxiety, posttraumatic stress disorder, and/or panic attacks)
- Sexual assault
- Domestic abuse
- Unresolved trauma (history of childhood physical, emotional, and sexual abuse, as well as neglect)
- Infertility, pregnancy loss and adoption
- Marriage or relationship concerns
- Parenting concerns
- Self-esteem problems
- Stress reduction and management in work and life
- Grief and loss issues

Trinity Health

Gastroenterology

Trinity Health St. Mary Mercy - Livonia Campus
Marian Professional Building
14555 Levan Rd., Suite 116
Livonia, MI 48154
P: 734-853-1510
F: 734-853-1511

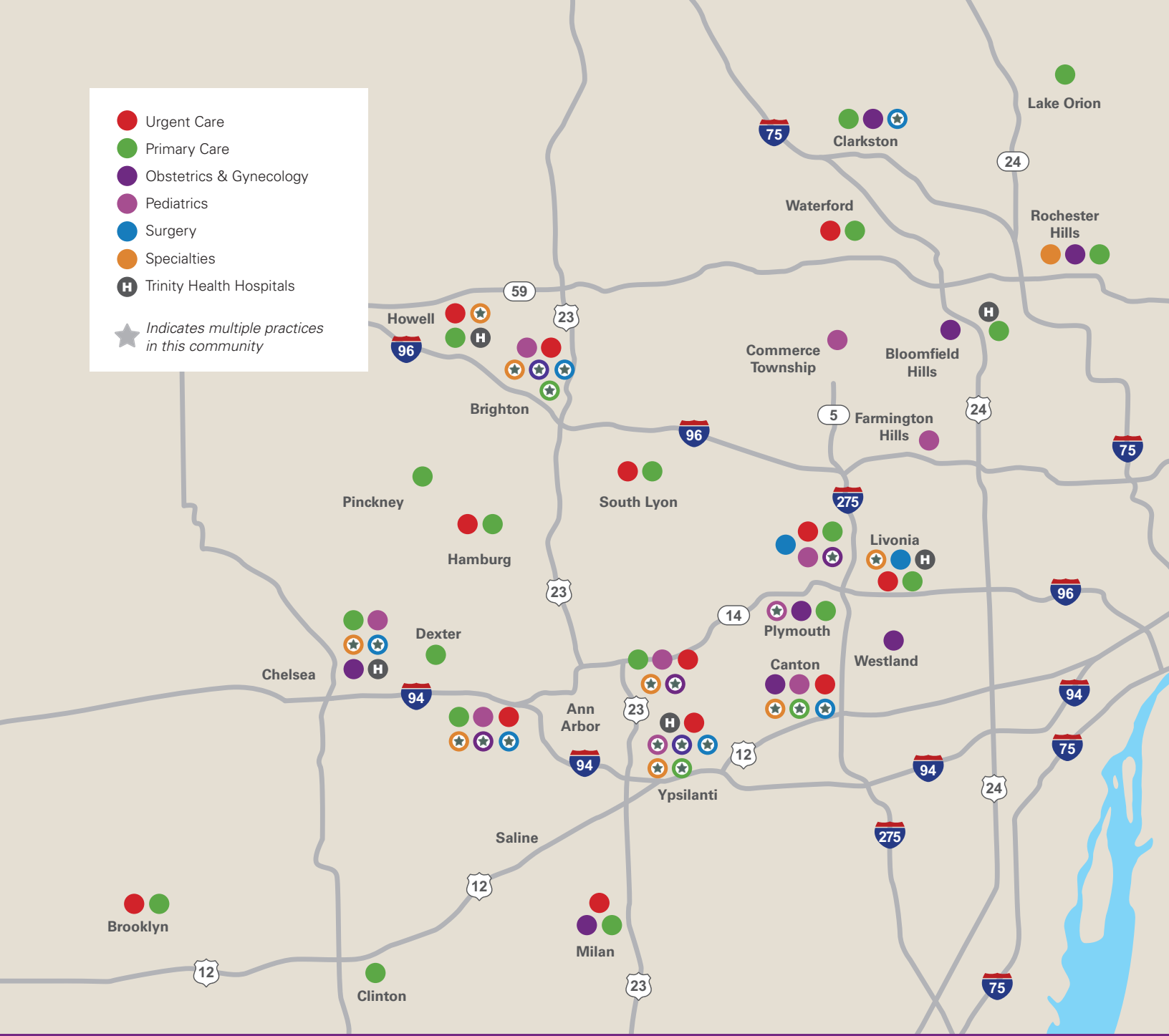
Alan Putrus, MD
Cheryl Cascio, CNP
Amy Vail, PA-C

Physical Medicine & Rehabilitation

Trinity Health Chelsea Hospital
Professional Building
14650 E. Old US Highway 12
Suite 203
Chelsea, MI 48118
P: 734-475-3923
F: 734-475-4071

Jane Beimer, MD
Leah Lukasik, MD
Matthew Sleziak, DO
Alexandra Theisen, MD

- Urgent Care
- Primary Care
- Obstetrics & Gynecology
- Pediatrics
- Surgery
- Specialties
- H Trinity Health Hospitals
- ★ Indicates multiple practices in this community



We keep growing!

We are always hiring. Starting pay is \$15 per hour! Visit IHAcare.com/staffopenings for job postings.
Please visit us online at IHAcare.com for provider and practice location updates.



Trinity Health IHA Medical Group