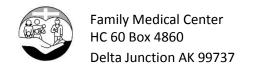


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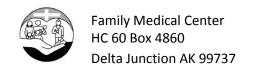
Patient Demographic Information

First Name	M.I.	Last Name
Date of Birth:	Sex: (check one) Female	e 🗌 Male 🗌
•	ican American Indian/Alaska Native Islander Other:	•
Ethnicity: Hispanic/Latino No	ot Hispanic/Latino Social Security N	umber:
Mailing Address	City	State Zip/Postal Code
Home:	Work:	_ Cell:
I authorize to leave messages at this nu	ımber: Home Cell Work (ch	eck one) Initials:
Email:		
Emergency Contact:	Phone:	Relationship:
Guardian Name (if under 17yrs)	Phone	Social Security Number
Employment Status:	Employer Name:	Phone:
	Insurance Information	on
Primary Insurance:	Member ID#	Group#
Policyholder Name:	DOB:	SS#
Secondary Insurance:	Member ID #	Group#
Policyholder Name:	DOB:	SS#
Additional Family Members & Date of	Birth(s):	
rendered. I understand that insurance policies ma		ayment to be issued to the physician/supplier for services ount. I agree to pay any balance not covered by insurance. not currently have medical coverage.
Signature:		Date:
Print Name:		



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	I authorize to release my medical records to:
I decline release	e of my medical records to anyone other than myself (check here)
*******	***************
ACKN	OWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES (HIPAA)
I have read or r	received a copy of the Notice of Privacy Practices for Family Medical Center
Name of Patient	*Date of Birth
Signature of Patient	*Date
iignature of Patient Repre	sentative
Relationship of Patient Rep	presentative
******	**************
DOCUMEN	ITATION OF ATTEMPT TO OBTAIN ACKNOWLEDGEMENT
An attempt was made	e to obtain an acknowledgement of receipt of the Notice of Privacy Practices. The acknowledgement was not obtained because:
	The patient was undergoing emergency treatment The patient declined to sign the acknowledgement Other
Name of Staff Membe	r Date



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We at Family Medical Center are excited to announce that we are now sending your results (lab, x-ray, referrals) to your portal for you to review at your convenience with your individual secure log-in. As such, we will no longer be calling you with these results. You may view the results on your portal or you may schedule an appointment to come back to review with your provider. Thank you.

How to set up your portal:

You will receive an email from YourHealthFile.com

TOW WILL TOWN THE TOW
You will have 72 hours to log on and create your own username and password
Username:
Password:

The password can be changed at any time but the username can only be changed at initial set-up.

- It will take 6 steps to verify information that it pulls from our system. You as a patient need to make sure this information in accurate
- Every page will have you confirm (click into the box) that information is correct on the top center of each page
- An arrow will appear on the top center of the page to continue to next page
- After these steps, you will sign last page using the mouse from your computer
- It will have you log in into your account with the username and password that you generated. You will see 5 colorful boxes after logging in. Click "Review Medical Records" it will have your recent visits and lab with x-ray results

What you can view in your portal:

Office visits from our clinic, labs and x-rays, as well as any records you have given us from other health care providers that have been scanned into your chart. Each time a new document, lab or office visit is added to your electronic chart, an email will be sent to you to alert you that it is ready to be viewed.

You can view your bill and payments made by yourself as well as insurance companies.

What you can do in your portal:

Request a specific date and time for an appointment and you will be notified if request is available. Send a message to Family Medical Center through the portal.

Send your records to another provider.

Add any new medications prescribed by another provider. So when you come to your next appointment your chart will already be up to date.

Add family history, surgical history or new diagnosis to your chart.