



Family Medical Center
 HC 60 Box 4860
 Delta Junction AK 99737

Ray Andreassen, DO
 907-895-5100
 Fax 907-895-5133

Patient Demographic Information

First Name _____ **M.I.** _____ **Last Name** _____

Date of Birth: _____ **Sex:** (check one) **Female** **Male**

Race: White Black/African American American Indian/Alaska Native Hispanic/Latino Asian
 Native Hawaiian/other Pacific Islander Other: _____

Ethnicity: Hispanic/Latino Not Hispanic/Latino **Social Security Number:** _____

Mailing Address _____ **City** _____ **State** _____ **Zip/Postal Code** _____

Home: _____ **Work:** _____ **Cell:** _____
 I authorize to leave messages at this number: Home Cell Work (check one) **Initials:** _____

Email: _____

Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

Guardian Name (if under 17yrs) _____ **Phone** _____ **Social Security Number** _____

Employment Status: _____ **Employer Name:** _____ **Phone:** _____

Insurance Information

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):

I authorize to release my health or other information as necessary to process my claims. I authorize payment to be issued to the physician/supplier for services rendered. I understand that insurance policies may not cover certain services or may not pay the full amount. I agree to pay any balance not covered by insurance. Further I agree to set up a payment plan or pay a portion of today's visit if I do not currently have medical coverage.

➔ **Signature:** _____ **Date:** _____

Print Name: _____

Signature: _____ **Date:** _____

Print Name: _____



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I authorize to release my medical records to:

I decline release of my medical records to anyone other than myself (check here)

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES
(HIPAA)**

I have read or received a copy of the Notice of Privacy Practices for Family Medical Center

*Name of Patient _____ *Date of Birth _____

*Signature of Patient _____ *Date _____

Signature of Patient Representative _____

Relationship of Patient Representative _____

DOCUMENTATION OF ATTEMPT TO OBTAIN ACKNOWLEDGEMENT

An attempt was made 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 Member _____ 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

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 is 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.