Tillamook County Community Health Centers

Our Mission . . . To protect and promote the health of all people in Tillamook County.
PO Box 489 * Tillamook, OR 97141
Phone: (503) 842-3900 * Fax: (503) 842-3903
TTY: Oregon Relay Service 1-800-735-2900

Dear Patient,

Welcome to Tillamook County Community Health Centers (TCCHC). Thank you for choosing us as your health care provider. TCCHC is a patient centered primary care home that provides quality health care for everyone.

Our health care providers, consisting of doctors, nurse practitioners and physician assistants are all here to assist you on your path to wellness. Appointments are generally 20 minutes long and you will be seen by a medical assistant and/or nurse and your medical provider. You may also want to meet with our Nutritionist or Behavioral Health staff during your visit.

We want everyone to receive the services they need. If you have difficulty paying for services, we can help you. If you don't have health insurance, you may qualify for our sliding fee discount. This means your cost may be as low as $25.00, or it could be a percentage of the cost of your visit, depending on your household income. We can also help you apply for the Oregon Health Plan (OHP) or a Qualified Health Plan (QHP).

This packet includes several forms to assist us in preparing for your visit. To ensure we have the most accurate information to support your healthcare needs, please review and complete the enclosed forms to the best of your ability:

When arriving for your appointment, please bring the following items:

- ❑ Completed forms
- ❑ Photo Identification (Driver's license, passport or ID card)
- ❑ Insurance Card(s) or Insurance Information
- ❑ Minimum of $25.00, if uninsured and applying for financial assistance
- ❑ Co-payment, if appropriate
- ❑ All of your medications

If you have questions, need help with your forms, are having trouble with transportation to your visit, or if we can assist you in any way, please feel free to ask in person or over the phone at 503-842-3900, 1-800-528-2938, or TTY: Oregon Relay 1- 800-735-2900.

We are here to help, and we look forward to meeting you!

Marlene Putman
Administrator

Tillamook County Community Health Centers

MR#_____

PO Box 489 • Tillamook, OR 97141
Phone: (503) 842-3900 • Fax: (503) 842-3983
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Patient Demographic Form

CLIENT INFORMATION

Name:_____ SSN:_____
Last First Middle

Other Name(s) Used: _____ Last Name at Birth: _____

Birthdate: _____ ❑ Female ❑ Male ❑ Female to Male ❑ Male to Female ❑ Non- binary ❑ Declined

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (If different from Above): _____ City: _____ State: _____ Zip: _____

Please provide us with at least two contact phone numbers and tell us what kind of phone numbers they are:

(____)_____ ❑ Home ❑ Work ❑ Cell Phone ❑ Message

(____)_____ ❑ Home ❑ Work ❑ Cell Phone ❑ Message

Do we need to contact you at a different mailing address, phone or through an alternate method for confidential issues? ❑ Yes ❑ No

Do you need an interpreter? ❑ Yes ❑ No What is your primary language? _____

Which of the following best describes you:

Race – Mark all that apply: ❑ Alaskan Native ❑ American Native ❑ Asian ❑ Native Hawaiian ❑ Pacific Islander ❑ White ❑ Black

Ethnicity ❑ Hispanic ❑ Non-Hispanic

LOCAL EMERGENCY CONTACT

Name: _____

Home Phone: _____ Alternate Phone: _____

Relationship to Client: _____ Client's Legal Guardian? ❑ Yes ❑ No

GUARANTOR (Person responsible for Payment-list insurance information in next section)

Name: _____ Date of Birth:_____
Last First Middle

Billing Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Phone # _____ Relationship to Client: _____

INSURANCE INFORMATION

Do you have health insurance? ❑ Yes ❑ No ❑ I am uninsured or have insurance with a very high deductible and would like to apply for the sliding fee scale to help cover the cost of my visits. (You may be asked to provide verification of your income by providing check stubs or income tax documents.)

Name of Primary Insurance: _____ Phone: _____

Insurance mailing Address:_____ City_____ State_____ Zip_____

Name of Policy Holder: _____ Relationship Client: _____
Last First Middle

Mailing Address: _____ Phone: _____

Insurance ID: _____ Group #: _____

Do you have additional insurance? ❑ Yes ❑ No

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Tillamook County Community Health Centers is able to help our patients offset the cost of health services due to grant support from the government. As a result we are required to gather income and housing information for each of our patients. We realize this is very personal information and we will continue to protect your confidentiality with this information as well as with your personal health information.

Employment Information

Have you or anyone else in your household worked in any of the following industries during the last two years? Please check all that apply:

- ❑ Orchards
- ❑ Packing house (Fruits, Vegetables, gift boxes)
- ❑ Reforestation / Tree Planting
- ❑ Vineyards
- ❑ Crops / harvesting (Fruit, vegetables, flowers, trees, mushrooms, etc.)

If you checked any of the above boxes, did your work ever require your family to move? ❑ Yes ❑ No

Have you been a member of the armed forces? ❑ Yes ❑ No

Employer(s) *Optional:* _____

Income Information

How many members are there in your family? _____

What is your annual household income (this includes spouse / partner)? _____

Housing Information

Are you and your family members living in someone else's household? ❑ Yes ❑ No

In the past 24 months, have you and your family been forced to move into a temporary situation because of housing costs?
❑ Yes ❑ No

In the past 24 months, have you or someone in your household lived in one of the following:
❑ Shelter ❑ transitional housing ❑ camp or street

Patient/ Guardian Signature :_____ Date: _____

(08/2018)

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NOTICE TO CLIENTS

Welcome to the Tillamook County Community Health Centers. To help us better communicate with you; we would like to know what type of communication you prefer.

Please check the appropriate box:

- ❖ SIGN LANGUAGE INTERPRETER
- ❖ SPOKEN LANGUAGE INTERPRETER
- ❖ HANDWRITTEN NOTES
- ❖ LIP READING
- ❖ TTY: OREGON RELAY SERVICE

The services you have requested will be provided to you at no cost.

We can accommodate alternative forms of communication, please feel free to contact any of our staff.

NAME OF PATIENT: _____

DATE: _____ PHONE _____

Tillamook County Community Health Centers

Tillamook County Community Health Centers
Notice of Privacy Practices

Your Information • Your Rights • Our Responsibilities

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review carefully.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you

Get an electronic or paper copy of your medical record:

- You can ask, in writing, to see or get an electronic copy by secure portal (MyChart), or secure email of your medical records and other health information we have about you. You can also request a paper copy of your information.
- We provide a copy or a summary of your health information, usually within 5 business days of your request. We may charge a reasonable, cost-based fee.
- We may deny your request. If your request is denied, you may ask for a review of our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Ask us to correct your medical record:

- You can ask us, in writing, to correct health information about you that you think is incorrect or incomplete. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Medical Record Amendment/Correction form.
- We may say "no" to your request, but we'll tell you why in writing within 15 business days.

Request confidential communications:

- You can ask us, in writing, to contact you in a specific way (for example, home or office phone, through MyChart) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share:

- You can ask us, in writing, not to use or share certain health information for treatment, payment, or our business operations.
    - We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us, in writing, not to share that information for the purpose of payment or for our operations with your health insurer.
    - We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information:

- You can ask, in writing, for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why. You will need to specify the date range you would like an accounting of, not to exceed six years prior to the date you ask.
- We will include all the disclosures, except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:

- If you believe your privacy rights have been violated, you may file a complaint with our office by contacting **Marlene Putman, Administrator and HIPAA Privacy Official**, Tillamook County Community Health Centers, P.O. Box 489, Tillamook, OR 97141, 503-842-3922.
- 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, by calling 1-877-696-6775, or by visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Our Uses and Disclosures

Treat you:

- We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization:

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

- Tillamook County Community Health Centers is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of Tillamook County Community Health Centers OCHIN supplies information technology and related services to Tillamook County Community Health Centers and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Tillamook County Community Health Centers with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive. The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent. However, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

Bill for your services:

- We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

What are other ways we can use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good – such as for public health and research. We have to meet many conditions in the laws before we can share your information for these purposes.

Help with public health and safety issues:

We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

Do research:

- We can use or share your information for health research as long as all identifying information is removed. Otherwise, we have to get your informed consent to use your information for research.

Comply with the law:

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests:

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director:

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests:

- We can use or share health information about you:
    - For workers' compensation claims.
    - For law enforcement purposes or with a law enforcement official.

- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions:

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

If you are an inmate of a jail or prison or under the custody of a law enforcement official, we may give health information about you to that person or jail as required or permitted by law. Other laws may require your written authorization to disclose certain mental health, alcohol and drug abuse treatment, HIV/AIDS testing or treatment, and genetic testing information.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here, unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This Notice of Privacy Practices applies to the following organizations:

Tillamook County Community Health Centers (TCCHC) is part of an organized health care arrangement that includes participants in the OCHIN Network. OCHIN supplies information technology and related services to TCCHC and other OCHIN participants. Your health information may be shared by TCCHC with other OCHIN participants when necessary for treatment, payment, and other operations related to the organized health care arrangement.

Tillamook County Community Health Centers
801 Pacific Avenue
PO Box 489
Tillamook, OR 97141
tillamookchc.org
503-842-3900
Toll-Free: 1-800-528-2938
TTY: Oregon Relay Service: 1-800-735-2900

Tillamook County Community Health Centers

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MR#_____

Release of Verbal Medical Information

Patient Name: _____

DOB: _____ Date: _____

Due to patient confidentiality laws, Tillamook County Community Health Centers (TCCHC) does not verbally release any information regarding our patients to anyone other than the patient, or any physician to whom the TCCHC has referred you to. At times, patients may wish to have information regarding their medical condition(s), lab reports, medication, appointment times, etc. discussed with other individuals such as family members or caretakers or left on a voice message. Please indicate below how you like us to share information regarding your care at TCCHC:

Please **initial:**

_____ I authorize TCCHC to leave detailed messages at my preferred phone number.

I authorize Tillamook County Community Health Centers to verbally release information regarding my medical care to the following person(s):

Name	Relationship to Patient	Phone Number

Signature _____

-OR-

If you would prefer to be the **ONLY** person with whom we discuss your medical care, please sign below.

Signature _____

This authorization will expire in one year unless otherwise indicated. This authorization maybe revoked, in writing, at any time.

(11/15/2017)

Tillamook County Community Health Centers

Healthcare is EXPENSIVE – We can help!

1. **Take advantage of the Sliding Fee Discount**

- ***Definitions:***

Sliding Fee Discount Application. It is the policy of a Federally Qualified Health Center (FQHC), also known as Community Health Centers, to provide essential services regardless of the patient's ability to pay. Discounts and/or nominal fees are offered based on household size and annual income.

FQHC's are required to have a schedule of fees that are locally consistent and appropriate to cover the reasonable costs of operation. The Sliding Fee Discount and/or nominal fee is applied during the billing process to lower the cost of services based on ability to pay.

2. **Provide your most current information on your application for Sliding Fee Discount**
   - Our front desk staff can help you with questions and completion of the form (Coordinated Intake).
   - Update your information as your circumstances change.

3. **Work with our billing staff to make arrangements for a payment schedule that works for you.**
   - You can speak with our Billing Service through OCHIN at: 1-800-972-8401
   - You can speak with our local Billing staff at: 503-842-3900, Ext 3914 or 4011 (Spanish)

4. **Find out if you qualify for the Oregon Health Plan or other low cost coverage**
   - You can speak with one of our Insurance Specialists prior to or after your health care appointment. Just ask for a "Care Coordinator for Insurance Enrollment Assistance".

COORDINATED INTAKE FORM

Application for Services

Last Name:	First Name:	Middle Name:	Phone Number:		Reg. Initials
Address:		City:	State:	Zip:	Today's Date / /

Please Check if You Have Any of the Following (currently effective):	ETHNIC GROUP CODES	LANGUAGE	English ( )	Spanish ( )	Other:
( )Medicaid/OHP ( )Medicare ( )Private Insurance Name of Insurance Co.:	1 – American Indian/Alaskan Native 2 – Asian 3 – Black or African American 4 – Hispanic or Latino 5 – Native Hawaiian/Other Pacific Islander 6 – White				

List all household members for whom you are financially responsible AND who live in your home.	Social Security Number	DOB	Relationship to Applicant	Gender	Ethnic Code	Veteran	Homeless	Farm Worker	Current Client of Tillamook Family Health Dept.		MR # (Office Use Only)	Annual Income per Individual
1.		/ /	Self						Yes	No		
2.		/ /							Yes	No		
3.		/ /							Yes	No		
4.		/ /							Yes	No		
5.		/ /							Yes	No		
6.		/ /							Yes	No		
7.		/ /							Yes	No		
#	Total # in Household			Total Annual Household Income								$

Source of Income	Information needed for verifying income	Amount	How often received?	Annual Income
□ Wages for Employment (before taxes)	Pay stubs: last 3 pay periods/min. 30 days			$
□ Tips or Commissions	Prior year tax return			
□ Self Employed	Prior year tax return			
□ Investment Income (rent, int., div.)	Statements or Sch. E prior yr tax return			
□ Pension & Retirement Benefits	Statements			
□ Social Security Benefits	Award letter, monthly stmt, or bank stmt			
□ TANF, SSI, Disability Benefits	Award letter, monthly stmt, or bank stmt			
□ Veteran's Benefits	Award letter, monthly stmt, or bank stmt			
□ Unemployment Benefits	Award letter, monthly stmt, or bank stmt			
□ Worker's Compensation Benefits	Award letter, monthly stmt, or bank stmt			
□ Alimony and/or Child Support	Divorce decree or court ordered docs.			
□ Assistance from relatives				
□ Other Income Not Listed Above	Award letter, monthly stmt, or bank stmt			
□ Food Stamps (SNAP) – **CARE ONLY**	Adult 1 $ / Adult 2 $	Total Annual Income		$

□ Investments, Stocks, CDs, Savings, etc.	Monthly, quarterly, or annual statements.	$

I affirm that the information provided by me contained with this application is true and correct to the best of my knowledge. I agree that providing incorrect, false, or omitting relevant information may disqualify me from the discount fee program.

I authorize release of my application for services with all pertinent documents to be given to the following agencies for additional services: *Initial each service.*

____□ Tillamook County Health Department ____□ CARE ____□ Women's Resource Center ____□ Tillamook Family Counseling Center

		/ /
Printed Name of Applicant	Signature of Applicant	Date

For Tillamook County Community Health Center Use Only

ALL SERVICES: Patients are expected to pay the nominal fee prior to service.

For Office Use Only:				
Effective Date:	(Maximum retroactive date is 30 days from original application date.)			
Verified by:	Date: / /	Household #	Income $	Expiration Date: / /

For CARE Office Use Only

Housing, Do You: [ ] Own [ ] Rent [ ] Homeless [ ] Other: Explain _____

HOUSEHOLD INFORMATION:

HH Member # (from pg. 1)	Educ. Years (Adults Only) (See codes below)	Disability (Yes or No)	Disability Type or Explanation
1			
2			
3			
4			
5			
6			
7			

Educ. Years Codes:

0-8	12+	Child NA	
9-12 Non-graduate	2 or 4 yrs. College-Grad.		
HS Grad/GED	Education Unknown		

For Office Use Only:

Services Provided: _____

_____

_____

Homeless definition: Any person staying at an emergency housing shelter out of necessity, any person living in transitional housing, any person living on the streets or staying somewhere not intended for human habitation, people who were turned away from emergency services, and people provided a voucher in order to stay at a motel or campground. People living in permanent supportive housing or those receiving rental or mortgage assistance, Federal definition does not include people who are staying with other people out of economic necessity (often referred to as doubled-up or couch surfing)

Farm worker definition: A person working in connection with cultivating the soil, raising or harvesting any agriculture or aquaculture commodity, including any activity of handling product in its unmanufactured state (catching, netting, handling – delivery and transportation of products to market or processing). Includes forestation and reforestation of lands (planting, transplanting, pre-commercial thinning, slash and burn clears).

Refer clients for additional services

☐ Medical ☐ Dental ☐ Women's Resource ☐ CARE ☐ TFCC

See Agency Reference List for detail information

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	100%	125%	150%	175%	200%	>200%
Family Size	Miniumum Fee	20% pay	40% pay	60% pay	80% pay	100% pay
1	$12,760.00	$ 15,950.00	$ 19,140.00	$ 22,330.00	$ 25,520.00	$ 25,521.00
2	$17,240.00	$ 21,550.00	$ 25,860.00	$ 30,170.00	$ 34,480.00	$ 34,481.00
3	$21,720.00	$ 27,150.00	$ 32,580.00	$ 38,010.00	$ 43,440.00	$ 43,441.00
4	$26,200.00	$ 32,750.00	$ 39,300.00	$ 45,850.00	$ 52,400.00	$ 52,401.00
5	$30,680.00	$ 38,350.00	$ 46,020.00	$ 53,690.00	$ 61,360.00	$ 61,361.00
6	$35,160.00	$ 43,950.00	$ 52,740.00	$ 61,530.00	$ 70,320.00	$ 70,321.00
7	$39,640.00	$ 49,550.00	$ 59,460.00	$ 69,370.00	$ 79,280.00	$ 79,281.00
8	$44,120.00	$ 55,150.00	$ 66,180.00	$ 77,210.00	$ 88,240.00	$ 88,241.00
For each additional person, add	$ 4,480.00	$ 5,600.00	$ 6,720.00	$ 7,840.00	$ 8,960.00	$ 8,961.00

MINIMUM FEES:						
MEDICAL	$ 25.00	20%	40%	60%	80%	100%
DENTAL	$ 25.00	$ 40.00	$ 50.00	$ 65.00	$ 75.00	100%
BEHAVIORAL	$ 5.00	$ 10.00	$ 15.00	$ 20.00	$ 25.00	100%
NUTRITION	$ 5.00	$ 10.00	$ 15.00	$ 20.00	$ 25.00	100%

In order to receive discounted services for medical, dental and behavioral health services, you must complete the Coordinated Intake Form. Please bring all documents requested to verify your income.

Once approved, the intake form will be effective for six months. Please be prepared to complete the same intake form and bring all required documents every six months, even if your financial situation has not changed.

Please note that this intake form is not required in order to receive a discount for family planning visits. Discounts for family planning visits are based on the client's stated income.

Para recibir servicios con descuento para los servicios de salud médica, dental y servicios de consejos del bienestar, debe llenar el formulario de admisión coordinada. Por favor traiga todos los documentos solicitados para verificar su ingreso.

Una vez aprobado, el formulario de admisión será efectivo durante seis meses. Por favor esté preparado para llenar el mismo formulario de admisión y traer todos los documentos requeridos cada seis meses, incluso si no ha cambiado su situación financiera.

Tenga en cuenta que este formulario de admisión no es necesaria para recibir un descuento para visitas de planificación familiar. Descuentos para planificación familiar visitas se basan en los ingresos declarados del cliente.

*Based on 2020 HHS Poverty Guidelines in effect as of 1-15-2020

Tillamook County Community Health Centers

Our Mission . . . To protect and promote the health of all people in Tillamook County.

MR#_____

ADULT HEALTH HISTORY

All questions contained in this questionnaire are strictly confidential and will become part of your medical record

Name: (Last) (First) (MI)	Date: / /
Date of Birth: / /	Do you have an Advance Directive or Living Will? ❒ Yes ❒ No

MEDICATIONS

Include herbal medicine, vitamins and over-the-counter medications

Medication	Strength	How Often Do You Take?	Start Date

SOCIAL HISTORY

SOCIAL	Hobbies:	Education:
	Number of Children:	Military Experience:

Caffeine Use? ❒ Yes ❒ No	Do you exercise 2 or more days a week? ❒ Yes ❒ No
Nicotine / Smoking ❒ Yes ❒ No ❒In the Past	How much? _____ How Long? _____
Alcohol: ❒ Yes ❒ No ❒In the Past	How many drinks per week? _____
Drugs: ❒ Yes ❒ No ❒In the Past	Type: _____

Sexual Activity

Are you sexually Active? ❒ Yes ❒ No ❒ Not Currently
Partners: ❒ Female ❒ Male

Comments: _____

Birth Control / Protection:

❒ Abstinence	❒ Withdrawal	❒Condom	❒ Diaphragm	❒ Fertility Awareness Method / Natural Family Planning
❒ Implant	❒ Injection	❒ Inserts	❒ IUD	❒ Other – Note in Comments
❒ Birth Control Pills	❒ Patch	❒ Post-Menopausal	❒ Rhythm	
❒ Surgical	❒ Sponge	❒ Spermicide		

Comments:

SURGICAL HISTORY

Procedure			Date	Type / Kind
Amputation	❒No	❒Yes		
Appendectomy	❒No	❒Yes		
Brain Surgery	❒No	❒Yes		
Breast Surgery	❒No	❒Yes		
Heart Surgery	❒No	❒Yes		
Hernia Repair	❒No	❒Yes		
Hysterectomy	❒No	❒Yes		
Joint Replacement	❒No	❒Yes		
Cataract Removal / Lens Implant	❒No	❒Yes		
Gallbladder	❒No	❒Yes		
Cosmetic Surgery	❒No	❒Yes		
Fracture Surgery	❒No	❒Yes		

Procedure			Date	Type / Kind
Tonsillectomy	❒No	❒Yes		
Tubal Ligation	❒No	❒Yes		
Heart Valve Replacement	❒No	❒Yes		
Vasectomy	❒No	❒Yes		
Prostate Surgery	❒No	❒Yes		
Sinus Surgery	❒No	❒Yes		
Spine Surgery	❒No	❒Yes		
Thyroid Surgery	❒No	❒Yes		
C-Section	❒No	❒Yes		
Heart Bypass	❒No	❒Yes		
Cardiac Stent	❒No	❒Yes		
Other Surgeries	❒No	❒Yes		

Patient's Signature – or – Patient Authorized Representative Signature Date:

Tillamook County Community Health Centers

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MR#____________________

Name:

MEDICAL HISTORY

Allergies	❒ No	❒ Yes	❒ In the Past	When:	Type:
Anemia	❒ No	❒ Yes	❒ In the Past	When:	
Anxiety	❒ No	❒ Yes	❒ In the Past	When:	
Arthritis / Joint Disorder	❒ No	❒ Yes	❒ In the Past	When:	
Asthma	❒ No	❒ Yes	❒ In the Past	When:	
Cancer	❒ No	❒ Yes	❒ In the Past	When:	Type:
Cataracts	❒ No	❒ Yes	❒ In the Past	When:	
Clotting Disorder	❒ No	❒ Yes	❒ In the Past	When:	Type:
COPD	❒ No	❒ Yes	❒ In the Past	When:	
Depression	❒ No	❒ Yes	❒ In the Past	When:	
Diabetes Mellitus	❒ No	❒ Yes	❒ In the Past	When:	
Emphysema	❒ No	❒ Yes	❒ In the Past	When:	
Glaucoma	❒ No	❒ Yes	❒ In the Past	When:	
Heart Disease	❒ No	❒ Yes	❒ In the Past	When:	
Heart Failure	❒ No	❒ Yes	❒ In the Past	When:	
Heart Murmur	❒ No	❒ Yes	❒ In the Past	When:	
HIV/AIDS	❒ No	❒ Yes	❒ In the Past	When:	
Hyperlipidemia	❒ No	❒ Yes	❒ In the Past	When:	
Hypertension	❒ No	❒ Yes	❒ In the Past	When:	
Kidney Disease	❒ No	❒ Yes	❒ In the Past	When:	
Liver Disease	❒ No	❒ Yes	❒ In the Past	When:	
Meningitis	❒ No	❒ Yes	❒ In the Past	When:	
Muscle Disease	❒ No	❒ Yes	❒ In the Past	When:	
Myocardial Infarction	❒ No	❒ Yes	❒ In the Past	When:	
Nerve Disease	❒ No	❒ Yes	❒ In the Past	When:	
Osteoporosis	❒ No	❒ Yes	❒ In the Past	When:	
Seizures	❒ No	❒ Yes	❒ In the Past	When:	Type:
Sickle Cell Anemia	❒ No	❒ Yes	❒ In the Past	When:	
Stomach Ulcers	❒ No	❒ Yes	❒ In the Past	When:	
Stroke	❒ No	❒ Yes	❒ In the Past	When:	
Substance Abuse	❒ No	❒ Yes	❒ In the Past	When:	Type:
Thyroid Disease	❒ No	❒ Yes	❒ In the Past	When:	
Tuberculosis	❒ No	❒ Yes	❒ In the Past	When:	Treated:
Other Medical History Not Listed:	❒ No	❒ Yes			
	❒ No	❒ Yes	❒ In the Past	When:	
	❒ No	❒ Yes	❒ In the Past	When:	
	❒ No	❒ Yes	❒ In the Past	When:	
	❒ No	❒ Yes	❒ In the Past	When:	
	❒ No	❒ Yes	❒ In the Past	When:	
	❒ No	❒ Yes	❒ In the Past	When:	
	❒ No	❒ Yes	❒ In the Past	When:	
	❒ No	❒ Yes	❒ In the Past	When:	
	❒ No	❒ Yes	❒ In the Past	When:	
	❒ No	❒ Yes	❒ In the Past	When:	
	❒ No	❒ Yes	❒ In the Past	When:	

ALLERGIES			(If you need more room please list on the back)
Medication Allergies:	❒ Yes	❒ No	List:
Food Allergies:	❒ Yes	❒ No	List:

Patient's Signature – or – Patient Authorized Representative Signature Date:

Revised 11/2016

Tillamook County Community Health Centers

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MR#_____

Name: _____

SPECIALTY SERVICES

Are you currently seeing a specialist? ❒ Yes ❒ No

Physician Name	Specialty	Phone Number	Last Seen
		( )	/ /
		( )	/ /
		( )	/ /

IMMUNIZATION HISTORY

Vaccination	Date Administered	Facility Where Administered
❒ Flu	/ /	
❒ Pneumovax	/ /	
❒ Tetanus Td	/ /	
❒ Tetanus Tdap	/ /	
❒ Hepatitis A	/ /	
❒ Hepatitis B	/ /	
❒ HPV	/ /	
❒ MMR	/ /	
❒ Zostavax	/ /	
❒ Other	/ /	

FAMILY HISTORY

	Mother	Father	Sister	Brother	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
	❒Alive ❒Deceased	❒Alive ❒Deceased	❒Alive ❒Deceased	❒Alive ❒Deceased	❒Alive ❒Deceased	❒Alive ❒Deceased	❒Alive ❒Deceased	❒Alive ❒Deceased
Alcohol / Substance Abuse								
Allergies								
Arthritis								
Asthma / COPD								
Bleeding / Blood Disorder								
Cancer: Type								
Depression								
Diabetes (Type 1 or 2)								
Gastrointestinal Problems								
Genetic Diseases								
Birth Defects								
Headaches								
Heart Disease								
High Cholesterol								
High Blood Pressure								
Kidney Disease								
Mental Illness								
Nervous System Disorder								
Obesity								
Osteoporosis								
Stroke								
Thyroid Disease								
Vision Problems								
Other: Please List								

Patient's Signature – or – Patient Authorized Representative Signature Date:

Tillamook County Community Health Centers

OCHIN | mychart

Frequently Asked Questions

Startup Questions

MyChart offers patients personalized and secure online access to portions of their medical records. It enables you to securely use the Internet to help manage and receive information about your health. With MyChart, you can use the Internet to:

- Request medical appointments.
- View your health summary from the MyChart electronic health record.
- View test results.
- Request prescription renewals.
- Access trusted health information resources.
- Communicate electronically and securely with your medical care team.

How do I sign up?

Patients who wish to participate will be given a MyChart activation code during their clinic visit. This code will enable you to login and create your own user ID and password. If you were not given an activation code, you may call us to ask for one or you may ask to sign up during you next office visit.

Who do I contact if I have further questions?

Please call us and ask for MyChart assistance.

Your Medical Record

When can I see my test results in MyChart?

Your test results are released to your MyChart account within 4 days after receipt from the testing laboratory. Not all test results are released to MyChart. For more information, please ask your provider.

Why are certain test results not shared electronically via MyChart?

Your provider is able to determine which types of test results are able to be accessed through MyChart. Further, tests of a very sensitive nature are not released to MyChart.

If some of my health information on MyChart is not correct, what should I do?

Your MyChart information comes directly from your electronic medical record at your provider's office. Ask your provider to correct any inaccurate information at your next clinic visit or send a message to

your provider through MyChart, indicating what is inaccurate and why you believe it to be incorrect. Your health information is reviewed and updated in your electronic medical record each visit.

If I send a message to my provider or nurse, when can I expect a reply?

You will generally receive an answer within 3 business days. MyChart should not be used for urgent situations. Please contact your provider's office if the situation requires immediate attention or dial 911 if it is an emergency.

MyChart for My Family

Can I view a family member's health record in MyChart?

Not at this time, but this feature will be available soon. This is called proxy access and it allows a parent (or guardian) to log into their personal MyChart account, and then connect to information regarding their family member.

Can I ask questions regarding a family member from my MyChart account?

MyChart offers direct access to your personal health record and communicating about another individual's information would be placed in **your** health record. This information would not appear in the correct health record and could potentially jeopardize medical care.

Can my spouse and I share one MyChart account?

No, due to the sensitive nature of medical information, each adult must accept the Terms and Conditions of Use and establish their own MyChart account.

After I Have an Active MyChart Account

I forgot my password. What should I do?

You may click the "Forgot password" link on the sign-in page to reset your password online.

Can you send me a new access code as I have lost it, let it expire, or did not receive it?

Contact us and ask for MyChart assistance. Privacy issues prevent us from emailing a new access code.

Where can I update my personal information (e.g., home address, e-mail or change my password)?

Log into MyChart. From the left menu, go to the Preferences section and select the appropriate option.

Technical Questions

How secure is MyChart?

We take great care to ensure that your health information is kept private and secure. Access to information is controlled through secure access codes, personal ID's, and passwords. Each person controls their password, and the account cannot be accessed without that password. Further, MyChart uses the latest 128-bit SSL encryption technology with no caching to automatically encrypt your session with MyChart. Unlike conventional e-mail, all MyChart messaging is done while you are securely logged on to the OCHIN MyChart website.

What is your Privacy Policy?

Please see the Privacy Policy by clicking on the Privacy Policy link on the login page of OCHIN MyChart

I was logged out of MyChart, what happened?

We aim to protect your privacy and the security of your information. While logged into MyChart, if your keyboard remains idle for 15 minutes or more, you will be automatically logged out of MyChart. We recommend that you log out of your MyChart session if you need to leave your computer for even a short period of time.

What do I need to use MyChart?

You need access to a computer connected to the Internet and an up-to-date browser (such as Google Chrome).

The access code I received from my provider's office does not work, what should I do?

For your security, your access code expires after 60 days and is no longer valid after the first time you use it. If it has expired, please contact us.

Is my access code my user ID?

No, your access code is not your MyChart ID or password. You will use this code only once to log into MyChart for the first time. (The code will expire after you have used it or after 60 days). When you log into MyChart the first time, you will then be asked to create your MyChart ID and password.