☐ I understand that I have the right to a fair, fast and objective review of any complaint I have against Seattle Premier Health, including complaints about wait times, operating hours, conduct of personnel, business practices and adequacy of health-care services and facilities.

☐ In order to receive the best possible care, I agree to be actively involved in my health-care decisions and to disclose all relevant information to my Seattle Premier Health physicians so that they can help me achieve my health goals. I also agree to inform my Seattle Premier Health physicians of any health-care services I receive outside of Seattle Premier Health, such as specialist, hospital or emergency room services, so that my physicians can better serve my needs.

Patient Signature

By my signature below, I agree to become a Seattle Premier Health patient and I agree to the terms outlined in this Patient Agreement.

Patient Name _____

Signature _____

Date _____

Seattle Premier Health
1600 E Jefferson St Suite 115
Seattle, WA 98122

Seattle Premier Health

Patient Profile

To make the most of your Premier Health visit, please take the time to fill out this form as completely as possible. Your answers will help our physicians and staff prepare for your visit.

Patient Information

Name (Last) _____

(First) _____ (MI) _____

Home address _____

City _____

State _____ ZIP _____

Home phone _____

Work phone _____

Mobile phone _____

E-mail address _____

Alternate address _____

Preferred method of contact _____

May we provide personal information in a voice mail?
☐ Yes ☐ No

May we provide personal information in an e-mail?
☐ Yes ☐ No

☐ Male ☐ Female

Currently: ☐ Married ☐ Partnered ☐ Widowed ☐ Single

Present marriage/domestic partnership (years) _____

Current employer _____

Position _____

Legal Next of Kin

Name (Last) _____

(First) _____ (MI) _____

Phone _____

Date of birth ____/____/____

Relationship to patient _____
(spouse, parent, adult child, sibling, other)

Alternate Contact

Name (Last) _____

(First) _____ (MI) _____

Phone _____

Address _____

City _____

State _____ ZIP _____

Are you most likely to be at your alternate address during a specific time of year? _____

Insurance Information

Carrier: _____

Cardholder _____

Subscriber ID# _____

Group ID# _____

Your relationship to cardholder _____

Note: Although Seattle Premier Health will not bill your insurance company for any goods or services we provide in our office, we may use your insurance information to facilitate referrals to outside service providers, including specialists, diagnostic tests or lab services, who may bill your insurance company.

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Preferred Physician

Do you have a preference for your primary physician?

☐ Dr. Karen James ☐ Dr. Chris Leininger
☐ Dr. Mark Lacambra

If you would like to meet with one or both of the physicians before choosing, please call our office at 206-215-4300 to set up an interview appointment at no charge.

If your preferred physician has no space available, would you like to be assigned to the other physician, or would you rather be placed on a waiting list?

☐ Assigned to other physician ☐ Placed on waiting list

Payment Information

Please provide your credit/debit card information:

Card type: ☐ Visa ☐ MasterCard ☐ American Express

Card number _____

Name on card _____

Expires _____

Security code _____
(3 digits on back of card; 4 on front upper right of American Express)

Cardholder's billing address:

Address _____

City _____

State _____ ZIP _____

Authorization For Recurring Credit/ Debit Card Transactions

☐ I authorize Seattle Premier Health to charge my credit/ debit card for my Seattle Premier Health fee and the fees for any family members included on my account. When my financial institution honors the transaction, this shall constitute my receipt for payment.

☐ I understand that the transaction amount is the total of my fee plus the fees of any family members included on my account.

☐ I understand that my participation in Seattle Premier Health is continuous and that recurring credit/debit card charges are authorized and will continue until I provide Seattle Premier Health with written notice to discontinue such transactions.

Patient Signature _____

Date _____

Patient Agreement

Terms

☐ I acknowledge and understand that I am voluntarily becoming a Seattle Premier Health patient and that this agreement is non-transferable.

☐ I have reviewed the Seattle Premier Health Guide to Patient Services, which describes the services provided, those not provided and the general policies of Seattle Premier Health. I have been able to ask questions and receive answers regarding its content.

☐ I acknowledge and understand that this agreement does not provide comprehensive health insurance coverage, nor is it an insurance contract. This agreement provides only the health-care services specifically described in the Seattle Premier Health Guide to Patient Services.

☐ I acknowledge and understand that I am responsible for any charges incurred for health-care services performed outside of Seattle Premier Health, including but not limited to specialty care, hospital and emergency room services, diagnostic imaging and lab tests. Seattle Premier Health recommends that its patients have health insurance for services not provided by Seattle Premier Health. Seattle Premier Health will not bill my insurance company for any services provided.

☐ I acknowledge and understand that Seattle Premier Health will use and disclose my health information only as stated in the Notice of Privacy Practices. I understand and acknowledge that this policy has been provided to me.

☐ I acknowledge and understand that I am free to terminate this Patient Agreement at any time, for any reason or for no reason by providing written notice to Seattle Premier Health.

☐ I acknowledge and understand that Seattle Premier Health may terminate this Patient Agreement by giving me written notice. Seattle Premier Health will close my billing account the month following the termination of my contract.

☐ I acknowledge and understand that if I am enrolled in Medicare, I will receive a copy of the Contract with Medicare Beneficiaries for review and signature before my first appointment. (The contract does not prevent me from receiving my current or future Medicare benefits from non-Seattle Premier Health providers — it only states that neither I nor Seattle Premier Health will seek reimbursement from Medicare for the medical services I receive from Seattle Premier Health.)

Rights and Responsibilities

☐ I understand that I have the right to choose my Seattle Premier Health physician and to request to change physicians at any time, for any reason. I understand that Seattle Premier Health will make all reasonable efforts to accommodate my request, but if the physician I request does not have availability, the request may not be possible.

☐ I understand that I have the right to receive accurate and easily understood information about the services, facilities and health-care professionals of Seattle Premier Health.

☐ I understand that I have the right to know my treatment options and to participate in decisions about my care.

☐ If I cannot make my own decisions, parents, guardians, family members or other individuals whom I designate can represent me.

☐ I understand that I have the right to considerate, respectful and nondiscriminatory care from my Seattle Premier Health care providers. I also understand that in turn, I am responsible for communicating clearly and respectfully my wants and needs regarding my health care and the services I receive. If I become dissatisfied with my care or the services provided, I agree to notify Seattle Premier Health immediately so my concerns can be addressed in a timely manner.

☐ I understand that I have the right to talk in confidence with my Seattle Premier Health physicians and to have my health-care information protected in accordance with the Notice of Privacy Practices. I also understand that I have the right to receive a copy of and review my medical record and may request that it be amended if I feel it is not accurate or complete.

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