



**EYE AND MEDICAL HISTORY**

TÊN HỌ (LAST):	TÊN ĐẦU (FIRST):	MIDDLE:	<input type="checkbox"/> MR.	<input type="checkbox"/> DR.	NGÀY SINH (DOB): THÁNG / NGÀY / NĂM
			<input type="checkbox"/> MRS.	<input type="checkbox"/> MS.	

VÌ SAO BẠN CẦN ĐẾN KHÁM MẮT:  
 (REASON FOR VISIT):

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**BỆNH TRONG MÌNH:** (LIST YOUR MEDICAL ILLNESS)

<input type="checkbox"/> Bệnh tiểu đường (Diabetes)	<input type="checkbox"/> Bệnh tim (Heart Disease)
<input type="checkbox"/> Cao huyết áp (High Blood Pressure)	<input type="checkbox"/> Cao mỡ (High Cholesterol)
<input type="checkbox"/> Tai biến mạch máu não (Stroke)	<input type="checkbox"/> Bệnh ung thư (Cancer): _____
<input type="checkbox"/> Bệnh suyễn (Asthma)	<input type="checkbox"/> Bệnh khác (Other): _____

<b>BỆNH TRONG GIA ĐÌNH</b> (FAMILY HISTORY):	<b>AI CÓ?</b> (WHO HAS IT)	<b>BAO NHIÊU?</b> (HOW OFTEN?)
<input type="checkbox"/> Bệnh tiểu đường (Diabetes) <input type="checkbox"/> Cao huyết áp (High Blood Pressure) <input type="checkbox"/> Bệnh tim (Heart Disease) <input type="checkbox"/> Bệnh tăng nhãn áp (Glaucoma) <input type="checkbox"/> Loạn võng mạc (Macular Degeneration) <input type="checkbox"/> Bệnh khác (Other):	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Uống rượu (Alcohol) _____ <input type="checkbox"/> Ma túy (Recreational Drugs) _____ <input type="checkbox"/> Hút thuốc (Smoking) _____

**CÓ GIẢI PHẪU MẮT NÀO VÀ LÀM LÚC NÀO?** (EYE SURGERIES & WHEN)

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**CÓ GIẢI PHẪU KHÁC KHÔNG VÀ LÀM LÚC NÀO?** (OTHER SURGERIES & WHEN)

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**TẤT CẢ THUỐC BẠN ĐANG DÙNG** (ALL MEDICATIONS YOU ARE USING):

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**DỊ ỨNG THUỐC GÌ** (DRUG ALLERGIES):

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**THUỐC MỚI HẾT DÙNG** (MEDICATIONS RECENTLY STOPPED):

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**PHỤ NỮ: BẠN CÓ THAI HOẶC NGHĨ CÓ THỂ CÓ THAI?** (PREGNANT)

YES    NO

## HIPAA INFORMATION AND CONSENT FORM

The Health Insurance Portability and Accountability Act (HIPAA) provide safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been our practice for years. This form is a "friendly" version. A more complete text is posted in the office.

What this is all about: Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. [www.hhs.gov](http://www.hhs.gov). We have adopted the following policies:

- Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient files may be stored in open file racks and will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.
- It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative.
- The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
- You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
- You agree to bring any concerns or complaints regarding privacy to the attention of the office manger or the doctor.
- Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
- We agree to provide patients with access to their records in accordance with state and federal laws.
- We may change, add, delete or modify any of these provisions to better serve the needs of the both the practice and the patient.
- You have the right to request restrictions in the use of your protected health information and to request change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.

I, (viết tên) \_\_\_\_\_ do hereby consent and acknowledge my agreement to the terms set forth in the HIPAA Information Form and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.

\_\_\_\_\_  
Chữ Ký (signature)

\_\_\_\_\_  
Ngày Ký (date)

# PHYSICIAN-PATIENT ARBITRATION AGREEMENT

Article 1: **Agreement to Arbitrate:** It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitrator as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional rights to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: **All Claims Must be Arbitrated:** It is the intention of the parties that this agreement bind all parties whose claims may arise out of or relate to treatment or service provided by the physician including any spouse or heirs of the patient and any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "patient" herein shall mean both the mother and the mother's expected child or children.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the physician, and the physician's partners, associates, association, corporation or partnership, and the employees, agents and estates of any of them, must be arbitrated including, without limitation, claims for, loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any action in any court by the physician to collect any fee from the patient shall not waive the right to compel arbitration of any malpractice claim.

Article 3: **Procedures and Applicable Law:** A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days of a demand for a neutral arbitrator by either party. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party for such party's own benefit. The parties agree that the arbitrators have the immunity of a judicial officer from civil liability when acting in the capacity of arbitrator under this contract. This immunity shall supplement, not supplant, any other applicable statutory or common law.

Either party shall have the absolute right to arbitrate separately the issues of liability and damages upon written request to the neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity which would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

The parties agree that provisions of California law applicable to health care providers shall apply to disputes within this arbitration agreement, including, but not limited to, Code of Civil Procedure Sections 340.5 and 667.7 and Civil Code Sections 3333.1 and 3333.2. Any party may bring before the arbitrators a motion for summary judgment or summary adjudication in accordance with the Code of Civil Procedure. Discovery shall be conducted pursuant to Code of Civil Procedure section 1283.05, however, depositions may be taken without prior approval of the neutral arbitrator.

Article 4: **General Provisions:** All claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable California statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence. With respect to any matter not herein expressly provided for, the arbitrators shall be governed by the California Code of Civil Procedure provisions relating to arbitration.

Article 5: **Revocation:** This agreement may be revoked by written notice delivered to the physician within 30 days of signature. It is the intent of this agreement to apply to all medical services rendered any time for any condition.

If any provision of this arbitration agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

I understand that I have the right to receive a copy of this arbitration agreement.

**NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.**

By: Michael K. Tran, M.D., Inc.  
15355 Brookhurst St., Ste. 104  
Westminster, CA 92683

By: \_\_\_\_\_  
**Chữ Ký (signature)                      Ngày Ký (date)**

By: \_\_\_\_\_  
**Viết Tên (Print Name)**

\_\_\_\_\_  
(If Representative, Print Name and Relationship to Patient)