



**COMMUNITY HEALTH SERVICES**  
410 Birchard Avenue \* Fremont, Ohio 43420

**ADULT PATIENT INFORMATION**

Patient Name \_\_\_\_\_ Birth date \_\_\_\_\_ Race: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
(for statistical purposes only)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**SPOUSE / PARENT / GUARDIAN INFORMATION (please circle one)**

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY CONTACT**

**Emergency Contact** \_\_\_\_\_ Phone \_\_\_\_\_

**PATIENT INSURANCE COVERAGE**

Primary Insurance \_\_\_\_\_ Group/ID # \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Group/ID# \_\_\_\_\_

**DO YOU HAVE MEDICAID OR MEDICARE COVERAGE?** Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please give # below)

Medicaid # \_\_\_\_\_ Medicare # \_\_\_\_\_

**ARE YOU SELF-PAY?** Yes \_\_\_\_\_ No \_\_\_\_\_ (A sliding fee scale is required for all self-pay patients)

**I hereby authorize the release of any medical/dental information necessary for the processing of insurance. I also authorize insurance benefits to be paid directly to Community Health Services. I understand that if my insurance does not pay, I am responsible for payment of services provided.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



**COMMUNITY HEALTH SERVICES**  
410 Birchard Avenue \* Fremont, Ohio 43420

**PATIENT RIGHTS AND RESPONSIBILITIES STATEMENT**

Community Health Services encourages patients and their families to report concerns related to care, treatment, services, and patient safety issues. Community Health Services also ensures that the following rights and responsibilities are preserved for all patients.

**PATIENT RIGHTS:**

As a patient at Community Health Services you have the right to:

1. Understand and make use of these rights. If an interpreter is needed, the office will attempt to provide the assistance.
2. Equal treatment/care and accommodations that are available, or medically necessary regardless of race, creed, sex, or sources of payment.
3. Respectful care at all times and under all circumstances that allows you to maintain your dignity.
4. Privacy, both personal and informational, within the law.
5. Be assessed for pain.

**PATIENT RESPONSIBILITIES:**

1. Smoking is NOT allowed on CHS property.
2. You must bring the appropriate insurance card with you to each appointment.
3. A minimum payment is expected at the time of service.
4. When you come in for every appointment, please bring a list of ALL medications with you that you are currently taking. This includes prescriptions, over-the-counter medications, and herbal medication.
5. Due to the small size of exam rooms and waiting room, please limit the number of people accompanying you for your appointment to no more than two. If it is necessary for you to bring small children, please bring another adult to supervise them.
6. All refills on medications will be called to your pharmacy after 5:00 pm the next business day. Please do not call back to see if the refill has been called in.
7. If you cannot afford a medication which has been prescribed for you, let us know.
8. All calls (i.e. appointments, cancellations, refills, medical/dental records, etc.) should be called to the appropriate office phone number. Weekends, holidays, and after-hours, all calls will be transferred automatically to our answering service. In case of emergency when the office is closed, please go to the emergency room.
9. If your child is scheduled for a physical or immunizations you **MUST** bring a current immunization record with you.
10. Allow at least 30 days for completion of insurance forms, disability, transfer of treatment records, etc.
11. **Please give a 24 hour notice when canceling or rescheduling appointments.** Cancellations can be made 24 hours per day, but must be made prior to your appointment time.
12. An established patient who arrives more than 10 minutes late for his/her appointment is considered to be a "No Show" for their appointment, regardless of whether or not the patient is seen that day.
13. An established patient who is a "No Show" for 3 appointments without canceling within a 12 month time frame will be terminated from the practice. Refer to the No Show Policy for reinstatement guidelines.
14. An established patient is someone seen in one of our offices, by one of our providers.
15. If you have not been seen by one of our providers in three years you will be considered a new patient and must complete all required paperwork.

I, as a patient of COMMUNITY HEALTH SERVICES, agree to the above patient rights and responsibilities.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Guardian (if patient is a minor)

\_\_\_\_\_  
Date







**COMMUNITY HEALTH SERVICES**  
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Dear New Patient:

**Welcome to our office!** Thanks for choosing one of the area's most respected health care systems to receive your medical/dental care.

Since 1970, our organization has been recognized nationally, as a provider of high quality affordable health care. We have been voluntarily accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) since 2000. The care we provide meets or exceeds standards set for the health care industry.

Most of our physicians are Board Certified in their respective areas and provide care in Pediatrics, Family Medicine, Geriatrics, Podiatry, OB/Gyn and many other disciplines. In addition to excellent care, all of our employees at each of our medical and dental offices are committed to bringing you the highest standards of customer service.

We're also concerned about the high cost of health care. A full-time *Patient Care Coordinator* is available to assist you with enrollment in programs which may help reduce the cost of your visit and medications. Please call 419-333-5309 for additional information. No matter what your financial situation is, we will provide care for you at CHS. Patients who have insurance, Medicaid, Medicare, or who are self-pay are all welcome to see a Provider at CHS.

Again, welcome to our practice. We're glad that you have chosen us as your health care provider and we look forward to providing you and your family with the highest quality health care possible. We truly want to be "*Your Partners for Better Health*".

Please visit at our website [www.fremontchs.org](http://www.fremontchs.org).

If I can be of service to you in the future, please feel free to reach me at 419-334-8943 or by emailing me at [jlizak@fremontchs.org](mailto:jlizak@fremontchs.org).

Joseph Liszak, MBA  
Chief Executive Officer



**COMMUNITY HEALTH SERVICES**  
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NOTICE OF PRIVACY PRACTICES

This notice, which is effective as of April 14, 2003, describes how personal and medical information about you may be used and disclosed and how you may access information concerning this process.

**Please read it carefully.**

The health care providers and staff of Community Health Services believe your personal and medical information should remain confidential. In addition, the law now requires us to establish formal office policies that are designated to safeguard your protected health information (**PHI**). This notice constitutes our promise to you that we acknowledge our responsibility and legal obligation to protect your personal and medical information and describes your rights concerning our use of that information.

**We will use and disclose your health information for purposes of treatment, payment and/or health care operations.**

- 1. Treatment means the provision, coordination or management of health care and any related services rendered to you, by one or more health care providers, including the coordination or management of health care by a health care provider with a third party. This includes consultation between one of our health care providers and a specialist on your behalf, or your referral to a health care provider who specializes in specific treatment that will be of benefit to you. Any information received as a result of that consultation or referral is part of your medical information and will be protected.**
- 2. Payment** is any activity undertaken by a covered health care provider to obtain reimbursement for the provision of services rendered to you. Information provided to your insurance company so that we may be paid for our services is considered information maintained for payment purposes.
- 3. Health Care Operations** include activities of the practice such as our own internal auditing procedures, business management and planning or activities related to legal or accounting services. Organized health care plans, in which we participate, also may have programs to assure quality of care and improvement for the services we render to our patients or to review the qualifications and competence of our healthcare professionals. This may require a random review of patient records.

**We are permitted or required to disclose limited health information about you, without your authorization, in the following circumstances:**

- **As required by law** – any information limited to the relevant requirements of the law
- **For public health activities** (disease control, vital statistics, public health)
- **Reporting victims** of abuse, neglect or domestic violence
- **Health oversight activities** (audits, civil, criminal or administrative investigations)
- **Judicial and administrative proceedings**, in response to court order
- **To coroners, medical examiners and funeral directors** (identifying disease process or cause of death)
- **For organ or tissue donation**, consistent with applicable laws
- **To avert serious threats to health or safety**

- **Specialized government functions** (regarding military personnel, veterans, national security purposes or inmates)
- **Workers' compensation** to the extent necessary to comply with applicable laws.
- **Marketing**, for purposes of appointment reminders, treatment alternatives or other related benefits and services that may be of interest to you.

**Any uses or disclosures other than those noted previously require us to obtain your written authorization, which you may revoke at any time. Any such revocation must be in writing.**

**You have the following rights with respect to your health information:**

1. The right to request restrictions on certain uses of your health information, **however we are not required to agree to your request.**
2. The right to request, **in writing**, the manner or method by which we may contact you to furnish confidential communications about your health information (i.e., fax, voice mail, etc.). (Refer to our Consent to Release Protected Health Information) You are obligated to notify us, **in writing**, of any changes to your request.
3. The right to review your health information (**you are entitled to receive a copy of your health information, except for psychotherapy notes and information compiled in anticipation of or for use in, a civil, criminal or administrative action or proceeding**).
4. In limited circumstances, the right to ask us, **in writing**, to amend your health information, **however we reserve the right to deny your request.** If your request for amendment is denied, we will provide you with information about the basis of our denial.
5. The right to receive an accounting of disclosures of your health information, **except those disclosures related to treatment, payment or health operations. The exception also covers disclosures previously listed in this disclosure that do not require your authorization,**
6. The right to receive a copy of this notice in writing.

**We have the following obligations:**

1. We are required by law to maintain the privacy of your Protected Health Information, to provide you with a notice of our legal duties and Notice of Privacy Practices and obtain a written acknowledgement that it has been provided to you.
2. We are required to abide by the terms of the notice, including privacy agreements with Trading Partners and/or Business Associates with whom we contract or do business and by maintaining physical, electronic and work practice controls that comply with suggested federal regulations to guard your PHI.
3. We are required to advise you of any changes we make in the terms of our Notice of Privacy Practices, post the amended Notice and make a copy available to you upon request.

**Complaints:** If you feel we have violated your privacy rights, or have questions concerning our Notice of Privacy Practices, you may contact or file a written complaint to **Privacy Officer**, at the following address: **Community Health Services, 410 Birchard Avenue, Fremont, Ohio 43420** or with the federal agency in charge of enforcing patients' privacy rights. That address is: **Office for Civil Rights, U>S> Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHS Building, Washington, D.C. 20201**



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NO SHOW POLICY

Patients who no-show for their scheduled appointment 3 times within a one year period will be suspended from our practice until they attend a no-show class which is offered bi-monthly.

You may call 24 hours a day to cancel your appointment. If you call to cancel a medical appointment after office hours the answering service will take a message. If you call to cancel a dental appointment after office hours please leave a message on the answering machine.

Appointments may also be cancelled on our website [fremontchs.org](http://fremontchs.org). Click on the cancel appointment option on the left side of the screen, fill out the form with the necessary information, and click on submit. We will handle it from there.

We look forward to providing you and your family with the highest quality medical and dental care.

Thank you for choosing Community Health Services.



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EMERGENCY ROOM GUIDE

Dear Patient:

Community Health Services would like to ensure that our patients receive the highest quality of care in the most appropriate setting.

**If a patient experiences ANY of the following symptoms, they should go to the emergency room immediately.**

**Chest Pain  
Shortness of Breath  
Rectal Bleeding  
Vomiting Blood  
Numbness and Tingling in  
hands, feet, face, or unable  
to move hands, feet, arms,  
legs**

**Severe Cut  
Injuries  
Severe Abdominal Pain  
Extreme Drowsiness, Tiredness,  
or Emotional Changes  
Seizure  
Bleeding while Pregnant**

During office hours patients with non-emergency medical problems should be seen at the office of their physician.

Community Health Services  
410 Birchard Avenue  
Fremont, OH 43420  
(419) 334-3869

Fremont Family Practice  
1220 East State Street  
Fremont, OH 43420  
(419) 355-8186

Birchard Medical Center  
418 Birchard Avenue  
Fremont, OH 43420  
(419) 334-4428

West Side Pediatrics  
2276 West State Street  
Fremont, OH 43420  
(419) 334-9137

CHS - Willard  
3903 Kok Road  
Willard, OH 44890  
(419) 933-7408

CHS – Napoleon  
407 Independence Drive  
Napoleon, OH 43545  
(419) 599-9035

Thank you for helping us to ensure that you obtain your health care in the most appropriate setting.

John Imm, MD  
Medical Director

P.S. Please remember to keep any appointments you have with your doctor and bring your medications to all appointments.



# NO WRONG DOOR INFORMATION SHEET

## SANDUSKY COUNTY

"Bringing people and services together"

### ABUSE - CHILDREN/ELDERLY

SCDJF, Children Services Unit.....419.334.8708

### ADOPTION SERVICES

Catholic Charities .....419.334.5061

SCDJF, Children Services Unit.....419.334.8708

### AFTER SCHOOL/SUMMER PROGRAM

New Directions After School Program .....419.334.8911

### ALCOHOL/SUBSTANCE ABUSE SERVICES

Al-Anon Meetings/Information .....419.334.2720

Alcoholics Anonymous.....419.380.9862

Firelands Hotline.....800.334.3562

Firelands Counseling and Recovery.....419.332.5524

Lutheran Social Services.....419.334.3431

TASC.....419.334.4644

### BUDGETING/MONEY MANAGEMENT

Consumer Credit Counseling.....800.355.2227

OSU Extension .....419.334.6340

### CHILDREN'S SERVICES

SCDJF, Children Services Unit.....419.334.8708

### CHILD SUPPORT

SCDJF, Child Support Unit.....419.334.2909

### CLOTHING ASSISTANCE

Goodwill Industries .....419.334.8722

Pass It On.....419.483.3071

SC Share and Care Center .....419.334.2832

### COUNSELING SERVICES

Center for Mental Health and Well-Being ....419.334.6619

Firelands Counseling and Recovery.....419.332.5524

Lutheran Social Services.....419.334.3431

Valley Gate Recovery Center .....419.355.8472

### CRIME VICTIM ASSISTANCE

Prosecuting Attorney Victim Assistance.....419.334.6418

### DAYCARE/PRESCHOOL

ABC Academy of Fremont .....419.332.2240

Child Care Resource Center .....800.526.5268 x 59

Early Learning Center.....419.559.2250

Fremont READS Even Start .....419.332.8534

Rainbow Station Preschool and Daycare.....419.334.7173

Sacred Heart SHARE Center.....419.332.7190

SC YMCA.....419.332.9622

St. Ann Little Blessings Child Care Center ...419.332.6598

St. John's Christian Preschool .....419.483.7072

St. Paul's Christian Daycare.....419.483.3969

Temple Tot Nursery School.....419.332.5272

Wee Care Preschool and Daycare.....419.332.9971

WSOS Early Childhood Program/Headstart..419.334.8911

### DENTAL

Community Health Services .....419.334.8855

### DISABILITY SERVICES

Easter Seals.....419.332.3061

NAMI.....419.334.8021

SC Board of MRDD.....419.332.9296

### DISASTER RESPONSE

American Red Cross .....419.332.5574

### DOMESTIC VIOLENCE

First Step.....800.466.6228

### EARLY CHILDHOOD DEVELOPMENT

Help Me Grow - Sandusky County.....419.334.6314

WSOS Early Childhood Program/Headstart..419.334.8911

### EDUCATIONAL SERVICES

North Central OH Educational Service Ctr....419.332.8214

Terra Community College.....419.334.8400

### EMPLOYMENT/JOB SERVICES

Job Stores/One Stop.....419.332.2169

SC Dept. of Job and Family Services.....419.334.3891

### FINANCIAL ASSISTANCE

Bellevue Salvation Army .....419.484.2769

Clyde Salvation Army.....419.547.9555

Fremont/Clyde Clergy Emergency Funds .....419.334.2720

Gibsonburg Clergy Association.....419.637.7007

SC Dept. of Job and Family Services.....419.334.3891

SC Share and Care/Salvation Army.....419.334.2832

Social Security .....419.334.9771

WSOS.....419.334.8911



# NO WRONG DOOR

BRINGING PEOPLE AND SERVICES TOGETHER

## FOOD

Bellevue Fish and Loaves.....	419.484.2814
Clyde Food Pantry (The Back Door).....	419.547.6232
Fremont Soup Kitchen.....	419.332.1558
Gibsonburg Food Pantry .....	no contact phone
SC Dept. of Job and Family Services.....	419.334.3891
SC Food Pantry .....	419.334.8158
WSOS Senior Programs.....	419.334.8911

## GRIEF/BEREAVEMENT

Compassionate Friends.....	419.547.7039
Hospice of Memorial Hospital .....	419.547.6419

## HOMELESS SHELTER

Cross Roads (Erie County).....	419.626.6505
Liberty Center of Sandusky County.....	419.332.8777

## HOUSING SERVICES

Sandusky Metro Housing Authority.....	419.334.4426
WSOS.....	419.334.8911

## IMMUNIZATION

Community Health Services.....	419.334.3869
SC Health Department.....	419.334.6377

## INFORMATION AND REFERRAL

First Call For Help.....	419.334.2720/800.593.9444
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## LEGAL SERVICES

Legal Aid of Western Ohio.....	800.837.8908
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## LITERACY/GED

Adult Basic and Literacy Education. ...	419.334.6901 x 420
Fremont READS Even Start .....	419.332.8534
Project READ Adult Literacy.....	419.334.6901 x 418
Vanguard Career Center .....	419.332.2626

## MEDICAL/HOSPITAL/HEALTH DEPARTMENT

The Bellevue Hospital.....	419.483.4040
Community Health Services.....	419.334.3869
Memorial Hospital.....	419.332.7321
SC Health Department.....	419.334.6377
St. Francis Health Care Centre .....	419.639.2626

## MIGRANT SERVICES

Rural Opportunities, Inc. ....	419.334.2689
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## PREGNANCY

Heartbeat.....	419.334.9079
WIC/SC Health Department.....	419.334.6363

## PRESCRIPTION

Bellevue Salvation Army.....	419.484.2769
Fremont/Clyde Clergy Emergency Funds.....	419.334.2720
Gibsonburg Clergy Association.....	419.637.7007
SC Share and Care/Salvation Army.....	419.334.2832

## SENIOR CITIZEN SERVICES

WSOS Senior Programs.....	419.334.8911
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## SHORT-TERM ADULT DAYCARE OR RESPITE CARE

Arbors at Clyde.....	419.547.9595
Bellevue Care Center .....	419.483.6225
Bethesda Care Center .....	419.334.9521
Countryside Continuing Care Center.....	419.334.2602
Elmwood of Fremont .....	419.332.6533
Gardens At Clyde.....	419.547.7746
Orchard Grove Assisted Living.....	419.484.1111
Parkview Care Center.....	419.332.2589
Valley View Healthcare Center .....	419.332.0357
Windsor Lane Health Care .....	419.637.2105

## TRANSPORTATION

TRIPS.....	419.332.8091
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## UTILITY ASSISTANCE

Bellevue Salvation Army.....	419.484.2769
Clyde Salvation Army.....	419.547.9555
Fremont/Clyde Emergency Funds.....	419.334.2720
Gibsonburg Clergy Association.....	419.637.7007
SC Share and Care/Salvation Army.....	419.334.2832
WSOS.....	419.334.8911

## VETERANS SERVICE

Veterans Service Office and Commission.....	419.334.4421
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### No Wrong Door Agencies

United Way First Call For Help .....	419.334.2720
SC Family and Children First Council.....	419.332.9296 x 118
City of Fremont.....	419.334.5900
Community Health Services.....	419.334.3869
Firelands Counseling and Recovery Services..	419.332.5524
Fremont City Schools .....	419.332.6454
Help Me Grow.....	419.334.6314
Liberty Center of Sandusky County, Inc.....	419.332.8777
Mental Health and Recovery Services Board.	419.448.0640
Ohio Department of Youth Services.....	419.245.3040
Ohio State University Extension, SC.....	419.334.6340
SC Board of MRDD.....	419.332.9296
SC Commissioners.....	419.334.6100
SC Department of Job and Family Services..	419.334.3891
SC Educational Service Center .....	419.332.8214
SC Health Department.....	419.334.6377
SC Juvenile Court .....	419.334.6200
SC Probate Court .....	419.334.6211
Terra Community College.....	419.334.8400
United Way of Sandusky County.....	419.334.8938
WSOS Community Action Commission, Inc.....	419.334.8911

**FIRST CALL  
FOR HELP**



A Service of United Way

Edited 2008





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410 Birchard Avenue \* Fremont, Ohio 43420

**ASSISTANCE PROGRAMS FOR TRANSPORTATION**

DANNY'S TAXI	419-332-8284
FIRST CHOICE CAB CO.	419-307-1352
HART'S AMBULETTE	419-332-3911
NORTH CENTRAL EMS	419-334-4553
TRIPS	419-332-8091
VETERANS SERVICE OFFICE	419-334-4421



COMMUNITY HEALTH SERVICES  
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### Departments

BILLING OFFICE		
Medical Billing .....	419-333-5305	
Dental Billing .....	419-333-5304	
MEDICAL RECORDS DEPARTMENT .....		419-333-5311
PATIENT CARE COORDINATOR .....		419-333-5309

### Individual Offices

CHS MEDICAL.....	419-334-3869
CHS DENTAL .....	419-334-8855
FREMONT FAMILY PRACTICE .....	419-355-8186
BIRCHARD MEDICAL CENTER.....	419-334-4428
WEST SIDE PEDIATRICS & ASSOC.....	419-334-9137
CHS – WILLARD OFFICE .....	419-933-7408
CHS – NAPOLEON OFFICE .....	419-599-9033

**OUR WEBSITE ADDRESS: [www.fremontchs.org](http://www.fremontchs.org)**