OCHIN ID:_____
CSTAR ID: _____

Father Joe's Villages
Village Health Center

Registration Form

Name: First **Middle**		**Last Name**
Date of Birth: (MM/DD /YYYY)		**Social Security Number:**
Parent Name or RESPONSIBLE PARTY (if patient is a minor): _____ **Parent Date of Birth (if patient is a minor):** _____		**Legal Sex:** ☐ **Male** ☐ **Female** ☐ **Nonbinary** ☐ **Gender- X** ☐ **Unknow**
Gender: ☐ Male ☐ Female ☐ Non-Binary/genderqueer ☐ Other ☐ Questioning ☐ Transgender Female ☐ Transgender Male ☐ Two Spirits	**Sex Assigned at Birth:** ☐ Choose not to disclose ☐ Male ☐ Female ☐ Intersex ☐ No record on Birth Certificate ☐ Unknow	**Sexual Orientation:** ☐ Straight ☐ Asexual ☐ Bisexual ☐ Choose not to disclose ☐ Don't know ☐ Lesbian/Gay ☐ Omnisexual ☐ Pansexual ☐ Queer ☐ Something else
Address: **City:**		**State:** **Zip code:**
Phone Number and preferred Method of contact. ☐ Cell: _____ ☐ Work: _____ ☐ Home: _____	**House Status:** ☐ At risk for homeless ☐ Child at Risk for Homeless ☐ Currently not Homeless, was in the last 12 months. ☐ Homeless unknow shelter ☐ Living in shelter ☐ Living with others ☐ Not homeless ☐ Permanent Supportive Housing ☐ Single occupancy Hotel ☐ Street, Camp Bridge ☐ Transitional housing ☐ Veteran at risk for homeless	**Email Address:** **Family Size**: _____ **Monthly Income:** $_____
Marital Status ☐ Divorced ☐ Domestic Partner ☐ Legal Separated ☐ Married ☐ Other ☐ Single ☐ Significant Other ☐ Unknown ☐ Widow		**Migrant** ☐ **Neither** ☐ **Seasonal** ☐ **Veteran** ☐ Yes ☐ No **Military Start Date**:_____ **Accessibility Needs:** ☐ Yes: ☐ No:

OCHIN ID:_____
CSTAR ID: _____

Father Joe's Villages
Village Health Center

Ethnicity:	**Race (check all that apply):**	**Primary Language:**
☐ Cuban ☐ Mexican, Mexican American, or Chicano/a ☐ Non- Hispanic or Latino/a ☐ Another Hispanic, Latino/a or Spanish Origin. ☐ Patient Refused ☐ Puerto Rican ☐ Unknow	☐ Alaskan Native ☐ American Indian ☐ Asian Indian ☐ Black or African American ☐ Chinese ☐ Filipino ☐ Guamanian or Chamorro ☐ Japanese ☐ Korean ☐ Native Hawaiian ☐ Other Asian ☐ Other Pacific Islander ☐ Patient Refused ☐ Samoan ☐ Unknow ☐ Vietnamese ☐ White	☐ English ☐ Spanish ☐ Other:_____ **Preferred Language:** ☐ _____ **Need Interpreter:** ☐ Yes: _____ ☐ No: _____ **Referred By:** _____
Preferred Pharmacy:	**Insurance** ☐ **Medi-cal**_____ ☐ **Medicare** _____	
Emergency Contact: (First and Last Name) _____ **Relationship and Phone Number:** _____		

I declare the above information is true. I understand that this information will be kept in strict confidence.

Patient Signature _____ **Date**_____

Copy of insurance card provided ☐ Yes ☐ No

Father Joe's Villages
Village Health Center

Patient ID: _____

General Consent to Treatment

The undersigned patient, or patient's representative, requests care and treatment at the Village Health Center (VHC). I am aware that the practice of medicine and dentistry is not an exact science and acknowledge that no guarantees or promises have been made as to the result of treatment or examination in the VHC. I consent to and authorize the following:

GENERAL CONSENT: I consent to all medical, behavioral health, psychiatric, dental, laboratory, and other medical or dental procedures performed or prescribed by the attending physician, dentist or clinician.

MEDICATION CONSENT: Medication history from other medical providers and pharmacies may be viewed by my providers and health center staff. This information is used by physicians to prescribe the most clinically appropriate and cost effective medications.

ADVANCE DIRECTIVE: I understand that I have an opportunity to make known my wishes, in writing, regarding my health care and/or end of life decisions. This directive shall be in the form of a Living Will and/or Durable Power of Attorney for Health Care. I understand that if I have an advance directive, I may provide it to VHC to retain in my health record.

FINANCIAL AGREEMENT: I certify that the information given in applying for payment under government or private insurance is correct and accurate, to the best of my knowledge. I understand that if I am assessed a copayment per the Sliding Fee Schedule (applicable to uninsured patients), I will be financially responsible for paying VHC the assessed copayment. I understand that I may request a copy of the Sliding Fee Schedule at any time. Financial responsibility may be reduced or waived if charity care eligibility is determined.

ASSIGNMENT OF BENEFITS: I hereby authorize my insurance carrier to pay VHC directly for services rendered in the Health Center. This includes assignment of Medicare benefits to VHC.

PHOTOGRAPHY: I consent to the practice of taking and reproducing pictures of me in any form (e.g., photography or film) in connection with my care and treatment. These pictures may only be used for purposes related to treatment, education, healthcare operations (such as Quality Improvement), patient safety, patient identification and marketing.

RELEASE OF INFORMATION: I authorize VHC to release any information necessary to facilitate insurance billing, care coordination, social services and VHC operations. This exchange of information helps us provide you with quality care, unduplicated services and better coordination of care.

Other systems are used for sharing information to improve communication about your care and the quality of care provided to you. These platforms may include: Care Everywhere, San Diego Health Connect and/or Manifest MedEx (Health Information Exchanges); Arcadia (population health tool of Integrated Health Partners), California Immunization Registry, and Community Information Exchange (CIE). Sharing of information through these systems may include information on alcohol and substance use disorders which is covered by a Federal law called "42 CFR Part 2". This law has strict rules about when we can release such information.

COMMUNICATION:
As a VHC patient you have the ability to access our Patient Portal to send messages to your health care provider. We may, at times, reach out to you at the phone number you have on file to communicate information about referrals, lab results, imaging results, preventative services, appointment reminders and forms ready to be picked up.

Authorization will be updated by VHC on an annual basis, and I may rescind authorization at any time by written request.

_____

Patient Signature or Other Legally Responsible Person Relationship of Legally Responsible Person to Patient Date

Father Joe's Villages
Village Health Center

Notice of Privacy Practices

Effective Date: June 10, 2026

Your Information. Your Rights. Our Responsibilities.
This Notice describes how Father Joe's Villages' Village Health Center (VHC) may use and/or disclose information about your health and how you can get access to your health information. Please review it carefully.

Your Rights
When it comes to your health information, you have certain rights. Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. 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 to see or get an electronic or paper copy of your health record and other health information we have about you.
- If you need access to your record, please ask us how to do this. We will provide a copy or a summary of your health information. In California, we generally provide copies within 15 days after we receive your written request, and we allow inspection within 5 working days (where required). We may charge a reasonable, cost-based fee for printing.

Provide Consent for When We Use or Share Your Information

- You may provide a consent for all future uses or disclosures for treatment, payment, and healthcare operations purposes.

Ask Us to Correct Your Medical Record

- You can ask us to correct health information about you that you think is incorrect or incomplete. If you require assistance, please ask us how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

Request Confidential Communications

- You can ask us to contact you in a specific way (for example, home or cell phone) 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 not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care or healthcare operations.

- If you pay for a service or healthcare item out-of-pocket and in-full, you can ask us not to share that information for the purpose of payment or 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 for a list of the times we have shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make).
- Upon request, we will provide one list a year for free but will charge a reasonable, cost-based fee if you request another within 12 months.

Choose Someone to Act for You

- If someone has authority to act as your Personal Representative (for example, medical power of attorney or a 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.

Discuss this Notice with Someone in Our Program

- You can ask questions or obtain more information about this Notice and our privacy practices by contacting Clinic@neighbor.org.

Get a Copy of This Privacy Notice

- You can ask for a paper copy of this Notice at any time.

File a Complaint If You Feel Your Rights Are Violated

- You can complain if you feel we have violated your rights by filing a "Report to Staff" at the Guest Services Desk in the Joan Kroc Center (JKC, 1501 Imperial Avenue) during business hours.
- 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, calling 1-877-696-6775, or through the Complaint Portal Assistant found online at www.ocrportal.hhs.gov.
- We will not retaliate against you for filing a complaint.

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. In these cases, you have both the right and choice to choose what to do, and we will follow your instructions.

With your consent, we may use and share your information in the following ways:

- To whomever you name in a consent to share your information, including your family, close friends, or others involved in your care or the payment for your care.
- To report participation in treatment required by the criminal justice system.
- To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law.
- To prevent multiple enrollments in withdrawal management or maintenance treatment programs.
- Share information in a disaster relief situation.

We never share your information for the following unless you give us written permission: •
Sharing of psychotherapy notes

- Marketing Purposes.

Note: If you are not able to tell us your preference, for example if you are unconscious, we may 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.

Substance Use Disorder Records (42 CFR Part 2)

Village Health Center provides substance use disorder diagnosis (SUD) treatment, and/or referral for treatment through our Transformative Recovery Services (TRS) program. Records related to SUD services (which include records of services related to alcohol use disorder) may be protected by a Federal law, 42 CFR Part 2, which includes additional privacy protections.

- SUD records may be used or disclosed only as permitted by 42 CFR Part 2, and any other applicable law, or with your written consent. We will follow these stricter legal requirements, including limits on redisclosure and use of SUD records in civil, administrative or legal proceedings without (1) your consent, or (2) based on a court order, subpoena or other similar legal requirement.
- With your single general consent, we may use or disclose your SUD records including your future SUD treatment records, for treatment, payment and healthcare operations.
- When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share/redisclose your SUD treatment records with other SUD treatment programs, doctors' offices, and healthcare businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows.
- If we intend to use your SUD records for fundraising, we will give you a conspicuous opportunity to opt-out of receiving fundraising communications.

Our Uses and Disclosures

The following are ways we may typically use or disclose your information.

To Treat You

- We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you asks a doctor at our program about your health condition and medications you are taking, for example, to avoid complications*.
- Your alcohol use disorder and/or substance use disorder may be disclosed on a "need to know" basis with other staff and providers in the Health Center. This includes information from your Alcohol and Other Drug (AOD) counselor.

To 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.*

Care Coordination

- We can share your information with your other healthcare providers to coordinate your care. *Example: we may share information with hospitals, emergency departments, and/or other clinics that treat you.*

Payment and Billing for 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.*

Other Ways Your Information May be Used or Disclosed

We are allowed, or required, to share your information in other ways – usually in ways that contribute to the public good, such as quality improvement, public health, and research. However, we must meet the conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have SUD records about you that are subject to 42 CFR Part 2, we will not use or share information in those records in civil, criminal, administrative or legislative investigations or proceedings against you without (1) your consent or (2) a court order and subpoena.

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

Communicate Within Our Program and With Contractors

- We can share your information within our program, with an organization that has administrative control over our program, and with contractors who help us run our program.

Medical Emergencies

- We can share your information during a bona fide medical emergency with the personnel and healthcare providers responding to your emergency, even when you are unable to consent because of the emergency.
- We can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your provider about unsafe products you may be using.

Respond to Management and Financial Audits and Program Evaluations

- We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.

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 patient identifying information and health information with a coroner, medical examiner, or funeral director when an individual dies.

Research

- We can use or share your information to conduct or help with health research.
- Researchers cannot include any patient identifying information in their reports about the research. *Example*: *We share data with Population Health Analytics platforms, like Arcadia, to track health trends and improvement needs for our patients.*

Report Suspected Child Abuse and Neglect

- We will only report the information required by law.

Prevent or Reduce Crime in Our Program

- We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff.

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.

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 are complying with federal privacy law.

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. We will follow any applicable procedures before using or sharing your SUD information subject to 42 CFR Part 2 for investigations and legal proceedings.

- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

Electronic Health Information Exchange

- We maintain your health information in an electronic health record system that allows Village Health Center and its employees to access your health information for specific reasons.
- We also participate in various electronic health information exchanges that facilitate access to health information by other health care providers who provide you care, if applicable. You can choose not to share your health information through an electronic health information exchange by completing an opt-out form.

Organized Health Care Arrangements

- **Integrated Health Partners of Southern California**: Village Health Center is a member of Integrated Healthcare Partners ("IHP") of Southern California, a clinically-integrated network that functions as an Organized Health Care Arrangement. As part of this membership, we jointly participate in quality assessment and improvement activities and utilization review activities with the other members of IHP. As part of this arrangement, your health information may be shared for these purposes.
- **OCHIN:** Village Health Center is also 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 Village Health Center, OCHIN supplies information technology and related services to Village Health Center 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 Village Health Center 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.

Use of Artificial Intelligence (AI) Tools

- Village Health Center may utilize AI-enabled tools to assist in your care, including for treatment, payment, and healthcare operations, in accordance with applicable law. For example, your provider may request your permission to use secure, HIPAA-compliant AI tools to assist with clinical documentation. If you consent to the use of these tools, they will process audio from your conversations with your provider and create draft notes of health information from your appointment. All AI-generated content using the documentation tool is reviewed by your licensed healthcare provider before being added to your health record.
- Where your information is subject to additional protections (including SUD records and information subject to stricter California confidentiality laws), we will use or share it through these tools only as permitted by those laws and, when required, only with your specific written consent or authorization. We never market or sell your protected health information. You may request information about the AI tools used in your care and opt out of AI-assisted clinical documentation at any time without affecting your care.

Additional Protections Under California Law

- Under California law, certain sensitive health information, including information about mental and behavioral health, HIV/AIDS, sexually transmitted disease, gender affirming care, reproductive health and genetic information, and certain pediatric records, is subject to additional protections. You have the right to request that we do not share such sensitive information without your written consent. In addition, we will comply with any applicable restrictions on sharing certain sensitive health information outside California.
- Where California law is more protective than HIPAA or other federal law, we will use and disclose this health information only as permitted by California law, and, when required, only with your specific written authorization.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.

Father Joe's Villages
Village Health Center

- 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, through a signed and dated release authorization.
- You may change your mind about sharing information at any time. Let us know in writing if you change your mind.

For more information, see: **www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.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, at the registration window at Village Health Center.

Acknowledgement of Receipt of this Notice

_____

Patient Signature or Other Legally Responsible Person	Relationship of Legally Responsible Person to Patient	Date

Father Joe's Villages
Village Health Center

OCHIN PT ID:

Open Payments Database Notice/ Noticia De Pago de Confidencialidad

Name/Nombre:	Pt DOB/Fecha de Nacimiento:

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at openpaymentsdata.cms.gov.

La base de datos Open Payments es una herramienta federal utilizada para buscar pagos realizados por compañías farmacéuticas y de dispositivos a médicos y hospitales universitarios. Se puede encontrar en openpaymentsdata.cms.gov.

_____

Patient Signature/ Firma del Paciente

_____

Date/Fecha