___ CHS	*Office Use Only*	*CHS* ___
___ Direct		WIC ___
___ Ineligible	Roll # _____	Medical ___
___ Pending	Verified_____	Dental ___

Port Gamble S'Klallam Application for Health Care Services

Name: _____ D.O.B _____
Last First Middle

Mailing address: _____
Street/PO Box City State Zip County

City and state of birth: _____ SSN: _____ Sex: M ___ F___

Home Phone: _____ Cell Phone: _____ Message phone: _____

Place of employment: _____ Work Phone: _____

Emergency contact: _____ Phone: _____ Relationship: _____

Fathers name: _____ City / State of Birth: _____

Mothers maiden name: _____ City / State of Birth: _____

Eligibility / Proof of tribal affiliation must be provided

Tribe of membership: _____ Blood quantum: _____ Enrollment #: _____

Insurance Information

Primary Insurance: _____ Policy #: _____ Effective Date: _____

Secondary Insurance: _____ Policy #:_____ Effective Date: _____

Other Members of Household	Relationship

Are you a Veteran: _____ Branch: _____ Enter / Discharge Date: _____ Are you Hispanic:_____

I certify that the above information is accurate and true to the best of my knowledge. I authorize Indian Health Service to verify the accuracy of this application.

Applicant Signature: _____ Date: _____

Please Read and sign other side of form

Privacy act of 1974

Statement for Maintenance of Health records

The purpose for requesting your personal medical history is to obtain information necessary for effective medical treatment. Your medical record contains what you tell the health care provider is wrong with you or how you feel. The health care provider writes (into your record) your family medical history as you answer the questions. Your answers could have an effect on the type of care you receive. Therefore, it is in your best interest to provide complete and correct information so that we will be able to carry out our responsibility of providing you proper care. The results of your physical examination, laboratory tests, medications, treatments, or surgical procedures you receive in Indian Health Service facilities are recorded in you medical record. Certain information is stored in the IHS data system for statistical purposes

Indian Health Service personnel may not reveal the contents of your record without your written permission, except when they are permitted to do so by law. Examples of situations where we will release information without your prior written consent are:

- Pursuant to the order of a court of competent jurisdiction
- Certain medical conditions (primarily communicable diseases) that must be reported to various health departments and other health statistical gathering centers
- To qualified organizations which provide health services to American Indians and Alaska Natives for the purpose of planning for or providing such services to conduct research and evaluations studies, to report to state agencies as required by state law to prepare for litigation on behalf of the federal government
- To third parties (other than the Indian Health Service) responsible for the payment of medical expenses incurred by the patient while being treated by the IHS medical staff or private providers under contract with the Indian Health Service.

Public laws 83-568/ 83-151 and 93-222 give the Indian Health Service the authority to collect and maintain health records. For a comprehensive list of situations in which IHS may release information from your records without your permission, you should see the department of health and human services annual publication of system records which is published annually in the federal register.

I have read and understand the privacy act information and do hereby give the Indian Health Service my authorization to collect payment from third parties (such as Medicare, Medicaid, private insurance, ETC.) on my behalf.

_____

Signature Date

_____

Signature of PGST Clinic Employee Date