

CLIENT'S NAME:

DOB:

PIN:

RECORD KEEPING

I understand that medical records will be retained for five years after the event. In the case of a minor the record will be retained 21 years after birth.

CLIENT CONSENT FOR GENERAL PRIMARY CARE

I hereby authorize the Physicians, Nurses, Nurse Practitioners, and other medical care providers of the Fairfax County Health Department (FCHD) to examine and/or treat me and/or my dependent, as named above.

DOCUMENTATION OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received the Notice of Privacy Practices from the Fairfax County Health Department.

NOTICE OF DEEMED CONSENT FOR HIV, HEPATITIS B OR C TESTING

FCHD is required by § 32.1-45 of the Code of Virginia (1950), as amended, to give you the following notice:

1. If any FCHD health care professional, worker or employees should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for infection with human immunodeficiency virus (the "AIDS" virus), as well as for Hepatitis B and C. A physician or other health care provider will tell you the result of the test. Under Va. Code § 32.1-45.1(A), you are deemed to have consented to the release of the test results to the person exposed.
2. If you should be directly exposed to the blood or body fluids of a FCHD health care professional, worker or employee in a way that may transmit disease, that person's blood will be tested for infection with human immunodeficiency virus (the "AIDS" virus), as well as for Hepatitis B and C. A physician or other health care provider will tell you and that person the result of the test.

HIV TESTING

If HIV testing is performed, you will be told ahead of time, be given information about the test, and allowed to decline testing. All results will remain confidential except as allowed by law.

I understand that this consent will remain in effect as long as my dependent or I receive care from FCHD or until I withdraw it.

Signature of Client, Parent/Legal Guardian, or Person Acting in Loco Parentis

Date Signed

Relationship (if signature is not of Patient)

Signature of Person Obtaining Consent

**COMMONWEALTH OF VIRGINIA
VOTER REGISTRATION AGENCY CERTIFICATION**

**If you are not registered to vote where you live now, would like to apply to register to vote here today?
(Please check only one)**

- I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.
- Yes, I would like to apply to register to vote. (Please fill out the voter registration application form)
- No, I do not want to register to vote.

Applicant Name

Signature

Date

PERMISSION TO SHARE SCHOOL AGED STUDENT'S IMMUNIZATION RECORDS

"I authorize Fairfax County Health Department (FCHD) to release information my child's immunization record to school systems for the express purpose of meeting school entrance requirements."

Signature of Client, Parent/Legal Guardian, or Person Acting in Loco Parentis

Date Signed

NO PHOTO IDENTIFICATION AVAILABLE (Only required if no photo ID)

I am unable to provide a photo ID at this time.

Signature of Client, Parent/Legal Guardian, or Person Acting in Loco Parentis

Date Signed

BELOW TO BE COMPLETED BY HEALTH DEPARTMENT STAFF ONLY:

Exempt	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Income level: A B C D E F G	<input type="checkbox"/> Client Pay/Guarantor 1
<input type="checkbox"/> Private Insurance (see flow sheet)			<input type="checkbox"/> Medicaid/Guarantor 2	<input type="checkbox"/> Anthem/Guarantor 13
<input type="checkbox"/> Plan First/Guarantor 25 *NEEDS FAW	DNC <input type="checkbox"/> Yes <input type="checkbox"/> No			
Return to clinic: 1 week 2 weeks 3 weeks 4 weeks other:				

EXEMPTIONS	POSTING CODES
DIS Referred	300
DIS Notified	310
Partner Referral	320
Private Provider Ref	330
CBO Walgreens/Ref	340
STI Treatment FU	350
Minor (<19 yrs. of age)	360



TO BE COMPLETED BY HEALTH DEPARTMENT STAFF ONLY:

STI Office Visit Codes (for clinician use only)	CPT CODE	DX CODE (required)
Brief – NEW	99201	
Detailed – NEW	99202	
Intermediate – NEW	99203	
Brief – ESTABLISHED	99211	
Detailed – ESTABLISHED	99212	
Intermediate – ESTABLISHED	99213	

STI CLINIC SERVICES Enter Under Clinic Episode	CPT CODE	DX CODE	STI LAB SERVICES Enter under Lab Episode	CPT CODE	DX CODE
Destruction lesion anus - simple chem.	46900		CT/GC NAA (Urine, Genital, Rectal, Pharyngeal)	87491/ 87591	
Destruction lesion anus - extensive	46924		Trichomonas NAA	87661	
Destruction lesion penis - simple chem.	54050		Syphilis Screening (EIA <i>T. pallidum</i>) case	86780	
Destruction lesion penis - extensive	54065		4 th Gen HIV 1,2 AG/AB w/reflx	87389	
Destruction lesion vulvar - simple chem.	56501		Wet Prep	87210	
Destruction lesion vulvar - extensive	56515		Gram Stain	87205	
Destruction lesion vaginal - simple chem.	57061		HBVcAb+HBsAb+HBsAg	86706, 86704, 87340	
Destruction lesion vaginal - extensive	57065		HCV Antibody reflex to NAA	*	86803
Lab Handling Fee	99000		Herpes I & II IgG serum	*	86694
Venipuncture	36415		Herpes II IgG serum	*	86696
Test Results/Education	LDSULT		Herpes Culture & Typing swab	*	87255
EXPEDITED PARTNER THERAPY			Pregnancy test urine		81025
EPT CT meds provided	EPTCTDP	# Partners	GC Culture Treatment Failure		87081/87184
EPT GC meds provided	EPTGCDP	# Partners	*CSM fee for client with insurance		

MEDICATIONS	CPT CODE	QTY	MEDICATIONS	CPT CODE	QTY	MEDICATIONS	CPT CODE	QTY	MEDICATIONS	CPT CODE	QTY
Amoxicillin 500mg	RD37		Ceftriaxone 250mg	R99		Gentamicin 80mg/2ml	J1580		Nystatin/Triam Cream (N)	R406	
Azithromycin 500mg	RD715		Clotrimazole Vaginal (N)	R529		Hydrocortisone Cream (N)	R263		Permethrin Cream (N)	R394	
Azithromycin 1gm Powder	R60		Clotrimazole Topical Cream (N)	RD53		Metronidazole 500mg(N)	R361A		Tolnaftate Cream (N)	RD317	
Bicillin 1.2 ml	RB1		Doxycycline 100mg	R185		Moxifloxacin 400mg(N)	RD576A				
Cefixime 400mg	R96A		Fluconazole 150mg (N)	R223		Nystatin Cream (N)	R402				

DIAGNOSIS CODE		DIAGNOSIS CODE	
Z11.3	Screening for infections with a predominantly sexual mode of transmission	A60.09	Herpes infection of urogenital tract
Z11.4	HIV testing	Z71.2	Person consulting for explanation of exam or test findings
Z20.2	Contact w/ & (suspect) exposure to infect. w/ a predominante sexual mode of trans.	B20	HIV disease
Z71.9	Counseling, unspecified	B35.6	Tinea cruris
N76.0	Bacterial vaginosis	B35.6	Tinea cruris
N76.1	Subacute and chronic vaginitis	B85.3	Phthiriasis (pubic lice)
B37.3	Candidiasis of vulva or vagina	B86	Scabies
A54.01	GC urethritis	D29.0	Benign neoplasm of penis (pearly penile papules)
A54.02	GC vulvovaginitis	L02.828	Furuncle of other sites
A54.5	Gonococcal pharyngitis	L30.9	Dermatitis
N34.1	Nonspecific urethritis (NGU)	L72.0	Follicular cyst of the skin and subcutaneous tissue, unspecified
A54.6	Gonococcal infection of anus and rectum	L73.1	Pseudofolliculitis barbae (ingrown hair)
A56.01	Chlamydia Urethritis	L91.8	Other Hypertrophic disorders of the skin – (skin tags)
A56.02	Chlamydial vulvovaginitis	N50.89	Genital ulcer (male); other specified disorder of male genital organs
A56.3	Chlamydial infection of anus and rectum	N73.9	Female pelvic inflammatory disease, unspecified
A56.4	Chlamydial infection of pharynx	A64	Unspecified sexually transmitted disease
A51.0	Primary genital syphilis	A60.02	Other male genital HSV
A51.1	Primary anal syphilis	N94.89	Genital ulcer (female); other specified disorder of female genital organs
A51.2	Primary syphilis (oral)	R36.9	Urethral discharge, unspecified
A51.39	Other secondary syphilis of skin	Z20.6	Contact with and (suspected) exposure to HIV
A51.5	Early syphilis, latent	Z21	Asymptomatic HIV infection
A52.8	Late latent syphilis	Z30.09	General counseling on contraceptive
A53.0	Latent, syphilis, unspecified as early or late	Z32.01	Pregnancy test, result positive
A59.09	Trichomonas cervicitis	Z32.02	Pregnancy test, result negative
A59.01	Trichomonal vulvovaginitis	Z71.7	HIV counseling
A59.03	Trichomonal cystitis and urethritis	Z72.51	High risk heterosexual behavior
A63.0	Anogenital (venereal) warts	Z72.52	High risk homosexual behavior
B08.1	Molluscum contagiosum	Z72.53	High risk bisexual behavior
A60.04	Herpes viral vulvovaginitis		Other:

PHN Signature:	Date:
Interpreter Name & Number:	Date:

LABEL