

Central Health Center

Name: _____ Date of Birth _____
 First Middle Last

Address: _____
 Street/PO Box City Zip

County of Origin: _____ Allergies: _____
Social Security Number _____

Have you served in a branch of the military? Yes No
Please circle one in each category:

Gender: Male Female
Ethnicity: Hispanic Non-Hispanic
Race: American Indian/Alaska Native White
 Native Hawaiian/ Pacific Islander Asian
 Black/African American More Than One Race

Consent to testing and treatment:
I hereby consent to testing for chlamydia and gonorrhea as explained to me by the Nurse from CHC. I understand I will be notified only if the result is abnormal or positive. If I am not contacted I will assume the result to be negative or normal. In the event the result is abnormal or positive, I understand I will receive additional information about treatment at that time.

Acknowledgement of Receipt of Notice of Privacy Practices for Protected Health Information:
I, the under signed patient acknowledge that I have received a copy of Central Health Center's current Notice of Privacy Practices for Protected Health information on the date noted below.

Education Received:
By signing I acknowledge receipt of education materials relate to the testing consented to above and information on prevention of sexually transmitted infection.

Signature: _____ Date: _____

CENTRAL HEALTH CENTER

Sexual Health Assessment

Name: _____ Date of Birth _____ SS # _____

1. Have you had any of the following in the last 90 days:
 - a. New/multiple partners Yes No
 - b. Contact to a partner with a sexually transmitted disease Yes No
 - i. If yes, what STD? _____
 - c. Signs/Symptoms of STD:
 - i. Vaginal discharge not normal for you Yes No
 - ii. Spotting between periods Yes No
 - iii. Pain with sex or painful periods Yes No
 - iv. Urinary burning Yes No
 - v. Itching and/or odor Yes No
 - d. Accepted money or drugs for sex Yes No
 - e. Used IV drugs/alcohol Yes No
 - i. Shared equipment Yes No
 - f. Had sex with someone who is HIV positive Yes No
 - g. **FOR MEN ONLY**
 - i. Have you had sex with other men Yes No
2. How many partners have you had in the last 90 days _____ 6 months _____
last 12 months _____ lifetime _____
3. Have you had a partner that is bisexual? Yes No
4. Do you use condoms all the time? Yes No
5. You have sex with(circle) Men Women Both
6. You have(circle) vaginal sex oral sex anal sex
7. Have you ever had an STD? Yes No
 1. If so, what infection? _____
8. Have you had body piercings or tattoos by unsanitary conditions Yes No
9. Has your partner been released from jail within the last year? Yes No
10. Is your partner currently in jail? Yes No
11. Have you had a blood transfusion or blood product prior to 1985? Yes No

**CENTRAL HEALTH CENTER
PRIVACY PRACTICES ACKNOWLEDGEMENT**

ACKNOWLEDGEMENT INFORMATION

I have received the Notice of Privacy Practices for Central Health Center and I have been provided an opportunity to review it. I acknowledge the information below is a brief summary of the Privacy Practices given me.

Name: _____ Pt. #: _____ Birthdate: _____

Signature: _____ Date: _____

ASSURANCE OF CONFIDENTIALITY:

Your medical record is confidential and will not be released to anyone without your written consent except as may be required by law.

Agencies inclusive of health care facilities and medical assistance programs that are affiliated under the common control of the Nebraska partnership for Health and Human Services Act, are required by federal law to maintain the privacy of Protected Health Information and to provide notice of its legal duties and privacy practices with respect to Protected Health Information.

Central Health Center may access, use and share medical information for purpose of:

- Treatment
- Payment
- Operations

Other permitted uses and disclosures that may be made without consent may be those for:

- | | | |
|----------------------------|--|---|
| • As Required By Law | • Legal Proceedings | • Criminal Activity |
| • Public Health Activities | • Law Enforcement | • Military Activity and National Security |
| • Communicable Diseases | • Workers Compensation | • Food and Drug Administration |
| • Health Oversight | • Research | • Inmates |
| • Abuse or Neglect | • Coroners, Funeral Directors,
And Organ Donation | • Required Uses and Disclosures for
Investigative Compliance Reasons |

Your rights to privacy:

- Right to Inspect and Copy
- Right to Amend
- Right to an Accounting of Disclosures
- Right to Request Restrictions (CHC is not required to agree)
- Right to Request Confidential Communications

Central Health Center reserves the right to amend its Privacy Practices at any time and will provide notice of any material change or revision of these practices.

I understand my written consent is required for the release of my medical information, except as may be necessary to provide services to myself or as noted above with appropriate safeguards for confidentiality. When information is requested, CHC shall release only the specific information requested. Information collected for data reporting purposes will be disclosed only in summary, statistical, or other form, that does not identify particular individuals. Upon signed written request, patients transferring to other providers may have their records transferred to expedite continuity of care.

You can also provide us written authorization to use your medical information for other purposes; you may revoke that permission, in writing, at any time.

Grand Island Primary Site
217 E. Stolley Park Rd, Ste E
PO Box 2539
Grand Island, NE 68801
PH 308-384-7625
TF 888-308-2134
FX 308-384-8904

Kearney
4503 2nd Ave Ste 209
PO Box 338
Kearney, NE 68848
PH 308-234-9140
TF 888-308-2135
FX 308-236-5814

Lexington
1308 N Adams
PO Box 248
Lexington, NE 68850
PH 308-324-6944
TF 888-308-2136
FX 308-324-7140

CENTRAL HEALTH CENTER

Sexually Transmitted Infections (STIs)

	Disease	Symptoms	Disease Outcomes	Treatment
Bacterial STIs	Gonorrhea	Possible yellowish vaginal discharge, painful urination; burning, itching, or soreness in the genitals; painful intercourse; often, no symptoms appear	If left untreated, may lead to pelvic inflammatory disease (PID), a condition that can cause infertility	Antibiotics
	Chlamydia	Possible yellowish vaginal discharge, painful urination, pelvic pain; painful intercourse; there may be no symptoms	If not treated, may lead to pelvic inflammatory disease (PID) and infertility	Antibiotics
	Syphilis	<i>1st Stage:</i> May get painless sore at infection site and swollen lymph nodes ("glands") <i>2nd Stage:</i> Skin rash, often on palms of hands, soles of feet <i>3rd Stage:</i> Heart, nervous system, and other internal organs may be affected	Without treatment, the symptoms may go away, but the disease remains and can cause major health problems and even death	Antibiotics
Parasitic STIs	Trichomoniasis	Associated with greenish-yellow, frothy vaginal discharge; a patchy rash in the vagina; irritation and soreness in the genitals and thighs; painful urination or intercourse; often no symptoms will appear	Frequently accompanied by bacterial vaginosis	Antibiotics
Viral STIs	Genital herpes	Tingling, itching or burning at site of infection; small, painful blisters; headache, fever, malaise; burning or stinging during urination; often no symptoms appear	May recur weeks or years after treatment; attacks may reappear during stress, menstruation, or illness	No known cure; drug treatment makes outbreaks less severe
	Genital warts or Human Papilloma Virus	Painless, fleshy growths that may grow singly or in cauliflower-like groups on external genitals or inside the vagina where they are more difficult to detect	May come back even after treatment. The virus can cause genital warts and precancerous changes on the cervix, cancer of the cervix, oral and anal cancers	Removal with topical chemicals or surgical removal. Two vaccines are available for prevention
	Hepatitis B (HBV)	Jaundice, fatigue, abdominal pain, loss of appetite, nausea, vomiting; may cause no symptoms	No cure; can lead to chronic active hepatitis and liver damage, cancer, and death	HBV can be prevented through vaccination -- particularly important for people with multiple sex partners
	HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome)	Initial infection with HIV may have no symptoms, or symptoms may include a short, flu-like illness; as disease progresses, symptoms may include weight loss, fatigue, swollen lymph nodes, fever, lingering opportunistic infections (pneumonia), severe herpes outbreaks, cancer of the lymph nodes	Most people with HIV will develop AIDS, which is almost always fatal; drugs can help slow the disease and help patients live longer	No cure; there are preventive treatments for related opportunistic infections

Prevention of STIs

- Oral Contraceptives (pills), Depo Provera, Lunelle, the Evra Patch and the Nuva Ring do not protect against HIV and other STIs
- Always use a latex condom during sex (For latex allergies, use polyurethane condoms.)
- Female condoms are available. (Do not use male and female condoms together.)
- Limit the number of partners you have
- Know the sexual history of your partner(s)
- Learn to recognize the symptoms of STIs and get tested if you suspect you may have been exposed or infected
- Ask your health care provider how you can protect your sexual health

When used consistently and correctly, male latex condoms are effective in preventing the sexual transmission of HIV infection and can reduce the risk for other STIs (i.e., gonorrhea, chlamydia, and trichomonas). However, because condoms do not cover all exposed areas, they are likely to be more effective in preventing infections transmitted by fluids from mucosal surfaces (e.g., gonorrhea, chlamydia, trichomoniasis, and HIV) than in preventing those transmitted by skin-to-skin contact (e.g., herpes simplex virus [HSV], HPV, syphilis and chancroid).

Consult your health care provider for additional information