

The information contained in the Regional Medical Center's JointAware Risk Assessment is for personal use only and is not intended to diagnose, cure, mitigate, treat or prevent disease or other conditions and is not intended to provide a determination or assessment of the state of health. Always consult a licensed healthcare professional to make healthcare decisions or before starting any diet or exercise program. We make no warranties, expressed or implied, in connection with the CancerAware Colon Risk Assessment or the performance of the JointAware Risk Assessment, nor shall we be held responsible or liable for any costs or damages related to use of the CancerAware Colon Risk Assessment or any information provided there from.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY.**

As a provider of medical content, we understand the sensitive nature of each communication and transaction that we have with you. As such, we give you the power to determine how much information you provide us, as well as the ability to cancel your relationship with us at any time. You should remember that this Privacy Policy only applies to the information you provide to the Regional Medical Center on our Website and via this form. It does not apply to information that is provided as part of normal patient/provider communications as governed by applicable patient confidentiality law.

**INFORMATION COLLECTION AND USE**  
You have the right to place particular restrictions on the ways that we use and disclose your personal health information; however, we do not in all cases have to comply with your request. You also have the right to receive confidential communications from us that include your health information.

You have the right to inspect and to copy health information we collect from you. You also have the right to amend that information if it is incorrect or incomplete. You have the right to an accounting of the disclosures we make of your health information. Should you decide that you would like to remove or change information we have on file for you, or if you wish to revoke any privileges granted to us as it related to your personal information, please send a written request request to the Regional Medical Center, Vice President of Compliance.

The Regional Medical Center is the sole owner of the information collected on our Website and this form. We will not sell, share or rent this information to any third party in ways different from what is disclosed in this privacy policy.

The Regional Medical Center collects information from users including name, address, email address, zip code, gender, date of birth, medical information, age (range) and password. We do not collect financial information on the profile.

Additionally, we will occasionally collect information in surveys and questionnaires via emails or forms. Participation in these surveys or completion of a form is completely voluntary, and each user has a choice whether or not to disclose this information. Information requested may include contact information (such as name and address), and demographic information (such as zip code and age level), and in the case of practice surveys, the information may be medical information. Medical information is considered to be part of normal patient-provider communications and is governed by applicable patient confidentiality law.

**DISCLOSURE OF INFORMATION**  
Unless otherwise explained in this paragraph, the Regional Medical Center will not disclose any medical or other identifiable information about you gathered on our Website and this form without your prior consent to do so. This includes information that could be used to identify you or to contact you. In limited circumstances, we may release personal information to third parties (1) to comply with valid legal requirements such as a law, regulation, search warrant, subpoena or court order, or (2) in special cases, such as a physical threat to our users or others.

The Regional Medical Center retains a vendor to operate our Website. That vendor may have access to some or all of the information you disclose on our Website and this form. We require that each of our vendors agree not to use or disclose any of your protected information beyond what is reasonably necessary to operate and maintain the Website on our behalf. Each of our vendors is prohibited from disclosing any information that could identify you without our authorization to do so.

The Regional Medical Center may share aggregate information with other third parties without your written authorization or consent. For example, we might share information regarding the number of users of our site and the type of activities they conduct while using our site. We would potentially share composite demographic information about our users as a whole, but not personal information that can identify any user. Depending upon the circumstances, we may or may not charge third parties for this information.

**SECURITY**  
If a user has any concerns regarding the security of information, the user should not provide any information until the user is comfortable with our security measures. The Regional Medical Center will protect your personal information against loss, misuse or alteration while your information is under our control. The servers used to store the information collected on this site are kept in a secure location, behind a locked cage. Additionally, our site is hosted by a third party organization that uses SSL encryption to protect sensitive information collected online during the survey process. We may change any part of this Policy at any time. We may then apply the new policy to all of the health information we have collected from you. If we revise this Policy, we will post the new provision on our Website. You may also obtain a copy of any revision by contacting us as indicated above.

By returning this form you acknowledge that you have read and understand this Privacy Policy and you are comfortable that your personal information will be adequately protected.

Sometimes joint pain isn't just a sign of aging. In fact most Americans will experience some form of joint pain in their life, and joint pain has many different causes from arthritis, to old sports injuries to infectious diseases.

You can do something about the pain. The first step is to take a moment and fill out this quick, simple and free questionnaire that will help assess why you have joint pain.

Your report will be sent to you within three weeks. If it is determined that you are at risk, the South Carolina Orthopaedic Institute, a Regional Medical Center practice, will contact you and refer you to your family physician for follow-up. For more information, call the South Carolina Orthopaedic Institute at [803-531-0126](tel:803-531-0126).

### Register for your personalized health report

Title:  Mr.  Ms.  Mrs.  Dr.

First name: \_\_\_\_\_ MI: \_\_\_\_\_

Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Do you have a Primary Care Doctor?  Yes  No

**Are you interested in receiving emails on the following topics?**

Heart health  Fitness

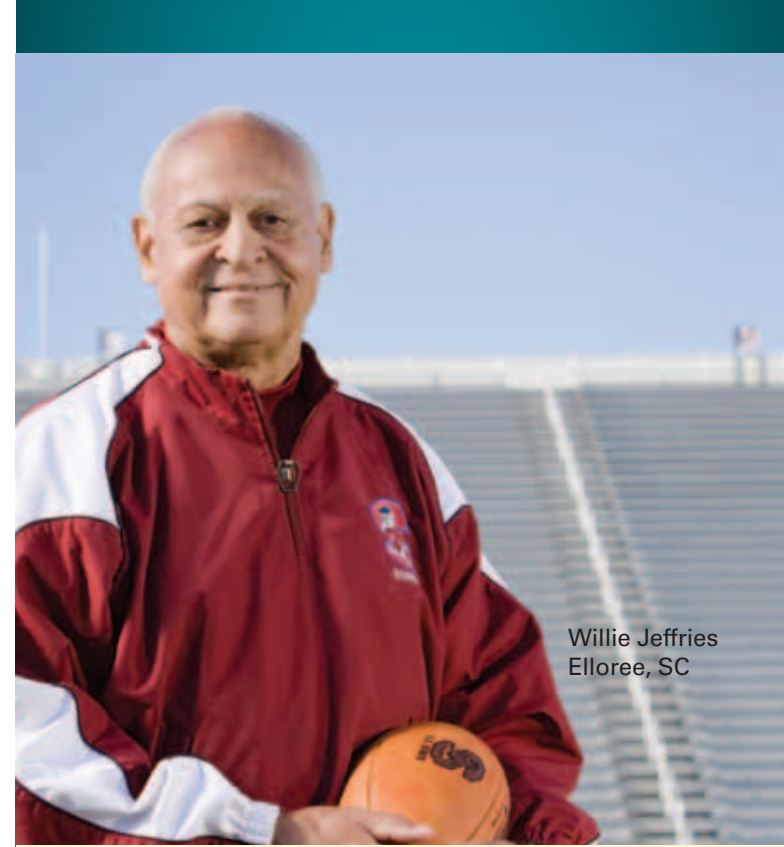
Smoking cessation  Nutrition

The Joint and Spine Center  
The Regional Medical Center  
3000 St. Matthews Road  
Orangeburg, SC 29118-9988

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FIRST-CLASS MAIL PERMIT NO. 203 ORANGEBURG SC  
POSTAGE WILL BE PAID BY ADDRESSEE



**NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**



Willie Jeffries  
Ellore, SC

# How are you feeling today?

## Arthritis and Joint Health Free Risk Assessment

**+ rmc**  
Joint and Spine Center  
at the Regional Medical Center

1. What is your age? \_\_\_\_\_

2. What is your gender? \_\_\_\_\_

3. What is your ZIP code? \_\_\_\_\_

4. What is your ethnic origin? (Optional)

- Caucasian
- African-American
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- Other

5. What is your height?

\_\_\_\_\_ feet \_\_\_\_\_ inches

6. What is your weight?

\_\_\_\_\_ pounds

7. How many times per week do you “aerobically exercise” (increase your heart rate)?

- None
- 1-2 times
- 3-4 times
- 5 or more times

8. Are any of the activities difficult to do because of your joint symptoms? (Please check all that apply)

- Standing
- Sitting
- Walking
- Climbing stairs
- Getting up from a chair/bed
- Bending
- Lying down
- Getting in/out of a car/bathtub
- Putting on socks/shoes
- Resting
- Weight bearing

9. Have you been told by your doctor that you have arthritis?

- Yes
- No
- Unsure

10a. Do you have pain, swelling, aching or stiffness in any of your joints?

- Yes
- No (Skip to question 11)
- Unsure

10b. Which joints are affected?

- Knee
- Hip
- Shoulder
- Elbow
- Hand
- Foot
- Other

10c. How much pain do you feel in your knee?

- None
- Mild/Occasional
- Mild/Stairs Only
- Mild/Walking and Stairs
- Moderate (Occasional)
- Moderate (Continual)
- Severe

10d. How much pain do you feel in your hip?

- None
- Slight, occasional, no compromise in activities
- Mild, no effect on ordinary activity, use medication
- Moderate, tolerable, occasional medication
- Marked, serious limitations
- Totally disabled

11. Have you had these symptoms for more than one year?

- Yes
- No
- Unsure

12. Have you taken any prescription medication for your condition?

- Yes
- No

13. Have you ever received any injections for your condition?

- Yes
- No

14. Has a doctor ever told you that you may be a good candidate for joint replacement?

- Yes
- No

15a. Do you use tobacco products or smoke cigarettes?

- Yes
- No (Skip to question 16a)
- No but have smoked before (Skip to question 15d)

15b. How long have you been using tobacco or smoking?

- Less than 1 year
- 1-9 years
- 10-19 years
- 20 or more years

15c. How many cigarettes do you smoke a day? (After answering, skip to question 16a)

- Less than 1 pack
- 1 pack
- 2 packs
- More than 2 packs
- I smoke cigars or chew tobacco

15d. How long ago did you quit using tobacco or stop smoking?

- Less than 1 year
- 1-4 years
- 5-9 years
- 10 or more years

15e. How long had you been using tobacco or smoking?

- Less than 1 year
- 1-4 years
- 5-9 years
- 10 or more years

16a. Have you seen an orthopaedic surgeon about your condition?

- Yes
- No (Skip to question 17)

16b. Would you like a second opinion?

- Yes
- No
- Unsure

17. How many days per week do you lift heavy objects/weights, either for exercise or at your job (e.g. weight lifting, construction, furniture moving, etc.)?

- None
- One day
- Two days
- Three days
- Four or more days

18. Do you have a Primary Care Doctor?

- Yes
- No

19. In order to better serve our community, would you please let us know how you heard about this assessment?

- Doctor's Office
- Television
- Radio
- Outdoor sign
- Direct mail
- Email
- Online ad
- Hospital website
- Internet search
- Newspaper ad
- Newspaper article
- Newsletter
- Health fair
- Physician referral
- Word of mouth
- Other

**Thank you for taking our survey.**

By supplying your information, you will receive a **free** report based on your answers.

Please visit [www.trmchealth.org](http://www.trmchealth.org) for more information.



Joint and Spine Center  
at the Regional Medical Center