DERMPARTNERS /SKIN AND CANCER ASSOCIATES

Today's Date:

PATIENT INFORMATION

Patient's Last Name	First	M.I.	Date of Birth	Male ☐ Female ☐
Home Phone	Work		Mobile	
Email Address				
Local Street Address	City		State	Zip Code
Permanent Street Address	City		State	Zip Code
Name of Parent *(for minor patients)*				
Parent's Street Address *(if different)*	City		State	Zip Code

INSURANCE INFORMATION

Subscriber's Name	Address *(if different)*	Date of Birth	Phone Number ( )

Patient's Relationship to Subscriber: ☐ Self ☐ Spouse ☐ Child ☐ Other:

EMERGENCY CONTACT

Local Relative or Friend	Relationship	Best Phone #	Alt. Phone #

CONFIDENTIAL COMMUNICATIONS

Following are my instructions for communicating my test/diagnostic results when applicable:

☐ DO NOT call me with any results. I will call the office if I want test results.

☐ Call me at the following phone number when my test results are available: ( )

Instructions for calling (check all that apply)

- ☐ OK to leave message to call back on voice mail/answering machine
- ☐ OK to leave results on voice mail/answering machine
- ☐ OK to leave message to call the office back only with anyone who answers
- ☐ Office may speak only to patient/parental guardian
- ☐ Results may also be given to the following other family member(s) **LIST:** _____

_____

PRIVACY NOTICE ACKNOWLEDGEMENT

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the Notice.

Patient Signature:_____ Date: _____

or parent or authorized representative (if applicable)

FINANCIAL POLICY

By signing below, you acknowledge that you have read and understand the following financial policy. Your acceptance of treatment indicates your agreement to abide by the rules set forth in this policy statement. If you have any questions regarding the information contained in this document, please see one of our helpful front desk associates for assistance.

- Payment is due at the time of service.
- We accept cash, checks, and credit cards.
- If needed, a payment plan can be established, but only for non-cosmetic (i.e. medical) procedures. Payment plans must be approved by DermPartners practice management before service is provided.
- If you have insurance we still require that you pay all co-payments, deductibles, co-insurance and charges for non-covered services at the time of service.
- If you are a member of an insurance plan that requires a referral from your primary care physician, you are responsible for having the written referral with you at the time of your visit.
- A $50 no show fee will be charged if a scheduled appointment is missed and has not been cancelled within 24 hours.

Important Information About Biopsies

Your dermatologist may need to take a sample of suspicious skin growths or rashes so that microscopic examination of the sample can be performed and a diagnosis made. This process is known as surgical biopsy.

The work associated with processing each biopsy includes preparing slides, microscopically examining the slide, and issuing a report of the resulting diagnosis (together known as surgical pathology). This work is a distinct and separate service from the biopsy itself, and there will be separate charges.

Insurance Assignment Agreement

I authorize any holder of medical or other information about me to release to my insurance company, and, for Medicare to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers, any information needed for this or a related insurance claim. I permit a copy of this authorization to be used in place of the original. I further authorize payment of medical and/or surgical insurance benefits, otherwise payable to me, to the party who accepts assignment. I understand that I am financially responsible for those charges not paid by my insurance.

Patient Signature:_____ Date: _____ or parent or authorized representative (if applicable)

SUMMARY OF NOTICE OF PRIVACY PRACTICES

This summary is provided to assist you in understanding our Privacy Practices

Uses and Disclosures of Health Information: We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.

Uses and Disclosures Based on your Authorization: Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

Uses and Disclosures not Requiring Your Authorization: In the following circumstances, we may disclose your health information without your written authorization:

- To family members or close friends who are involved in your health care
- For certain limited research purposes
- For purposes of public health and safety
- To Government agencies for the purpose of their audit, investigations and oversight activities
- To Government authorities to prevent child abuse or domestic violence
- To the FDA to report product defects or incidents
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders
- When required by court orders, search warrants, subpoenas and as otherwise required by law

Patient Rights: As our patient you have the following rights

- To have access to and/or copy of your health information
- To receive an accounting of certain disclosures we have made of your health information
- To request restrictions as to how your health information is used or disclosed
- To request that we communicate with you in confidence
- To request that we amend your health information
- To receive notice of our privacy practices

If you have a question, concern or complaint regarding our privacy practices, please refer to our Notice of Privacy Practices for the person or persons whom you may contact