PATIENT REGISTRATION

Name:	**Date of Birth:**	**Gender:**
Address:	**City:**	**State & Zip Code**
Home Phone:	**Work Phone:**	**Cell Phone:**
Marital Status:	**Spouse's Name:**	**Social Security #:**
Emergency Contact:	**Emergency Contact Phone #:**	
How'd you hear about us?		

INSURANCE INFORMATION

Name of Primary Insurance:	**Name of Secondary Insurance:**
Subscribers Name:	**Subscribers date of birth:**
IF GUARANTORS MAILING ADDRESS IS DIFFERENT THAN THE PATIENT PLEASE FILL OUT THE FOLLOWING	
Guarantor's Mailing address:	

BILLING INFORMATION

Billing Name:	**Relationship to Patient:**
Guarantor's Social Security #:	**Guarantor's Birth Date:**

EMPLOYMENT INFORMATION

Employer (patient):			**Employer(spouse):**		
Address:			**Address:**		
City:	**State:**	**Zip:**	**City:**	**State:**	**Zip:**
Phone #:			**Phone #:**		

ADDITIONAL INFORMATION

Race:	**Language:**
Private Email Address:	

I authorize release of any medical information necessary to process any insurance claims and I authorize payment of medical benefits directly to the physician or supplier of services for myself or dependents. I understand that I am responsible for any deductibles, co-insurance or amounts for services not covered by the insurance carrier, **including missed appointments fees at a charge of up to $75.** In signing this form I am also authorizing the PHYSICIAN to examine and treat me.

I have no objection to the physician discussing my medical or surgical care and treatment with the following persons:

Name:	Relationship	Phone Number(s)

____ ______/____/______

Signature Today's date

NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT FORM

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE Notice of Privacy Practices.

____
Signature

____
Print Name

____
Date

OFFICE USE ONLY

Unable to obtain patient's written acknowledgement because:

☐ Patient effused to sign

☐ Patient is incapacitated and no responsible party is available prior to discharge

☐ Other: ____

____

To Our Patients:

As you know if you have ever checked into a hotel or rented a car, the first thing you are asked for is a credit card, which is imprinted and later used to pay your bill. This is an advantage for both you and the hotel or rental company, since it makes checkout easier, faster, and more efficient.

We have implemented a similar policy. You will be asked for a credit card number at the time you check in and the information will be held securely until your insurance(s) has paid their portion and notified us of the amount of your share. At that time, we will notify you, and any remaining balance owed by you will be charged to your credit card. A copy of the charge will be mailed to you.

This will be an advantage to you since you will no longer have to write out and send us checks. It will also be an advantage to us because it will greatly decrease the number of statements that we have to generate and send out. The combination will benefit everybody in helping to keep the cost of healthcare down.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment.

Co-pays due at the time of the visit will, of course, still be due at the time of the visit.

If you have any questions about this payment method, do not hesitate to ask.

Sincerely yours,
Rogers Park Family Medicine, SC

I authorize Rogers Park Family Medicine, SC to charge outstanding balances on my account to the following credit card:

Visa Mastercard American Express Discover

Other:____________________________________

Account#____ Exp Date:________________

Name on card (Please Print)____

V-Code (3 digits on back):_______________ Zip Code linked to card:_______________

Signature:_______________________________________ Date:____________________

NOTICE OF PRIVACY PRACTICE

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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your protected health information (PHI) is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA" we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use or disclose your health information.

We use and disclose your medical records for the following purpose: treatment, payment, and health care operations.

- Treatment means providing, coordination, or managing health care and related services by one or more health care providers. An example of this would be providing information to obtain a referral for additional treatment.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example would be sending a bill for your session to your insurance company for payment.
- Health care operations include business aspects of running the practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We are permitted to use or disclose your PHI for the following purposes.
However, we may never have reason to make some of these disclosures.

- To create and distribute de-identified health information by removing all references to individually identifiable information.
- To provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- When required to do so by federal, state, or local law, or in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.
- When necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Your Health Information Rights

You have the following rights with respect to your PHI, which you can exercise by presenting a written request to the Privacy Officer.

You have:

- The right to reasonable requests to receive confidential communication of PHI from us by alternative means or at alternative locations. Your request must indicate how or where you would like to be contacted.
- The right to inspect and copy your protected health information. We may charge a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy certain, limited circumstances.
- The right to request an amendment of your PHI. You must provide a reason that supports your request. In certain cases we may deny your request for amendment.
- The right to receive an accounting of disclosures of PHI for most purposes other than treatment, payment, or health care operations.
- The right to obtain a paper copy of our current notice upon request.
- We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.
- This notice is effective as of October 2, 2006 and we are required to abide by terms of the Notice Of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice and make new provisions.