



Rockonaia
Family Medicine
& Aesthetics

WEIGHT LOSS REGISTRATION

PLEASE PRINT

DATE _____

Name: _____

Address: _____

City _____ Zip _____ Telephone _____

Cell _____ DOB _____ Sex _____

e-mail address: _____

Single

Married

Widowed

Divorced

Social Security No. _____

Occupation _____

Employed by _____

Employers Address _____

Work Phone No. _____

LIST OF CURRENT MEDICATIONS
(Please list over the counter medications as well as prescriptions)

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____

PHONE NUMBER(S) _____

CONFIDENTIAL COMMUNICATIONS DIRECTIVE

In general the HIPPA Privacy Rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communication or that a communication of PHI is made by alternative means.

PLEASE REVIEW THIS FORM CAREFULLY ... IF SOMEONE OTHER THAN YOU (THE PATIENT) IS TO CALL FOR OR PICK UP INFORMATION AND/OR MEDICATION, THEIR NAME MUST BE SPECIFIED OR THE REQUEST WILBE DENIED.

I wish to be contacted in the following manner: _

PHONE COMMUNICATIONS--- (INITIAL ALL THAT APPLY)

HOME TELEPHONE () _____
leave detailed message on answering machine
leave call back number only
leave detailed message with only discuss my protected health information with me only

WORK/CELL TELEPHONE () _____
leave detailed message on answering machine
leave call back number only
leave detailed message with only discuss my protected health information with me only

WRITTEN COMMUNICATIONS--- (INITIAL ALL THAT APPLY)

mail to my home address that I put on patient info sheet
mail to alternate address: _____

OTHER MEANS OF COMMUNICATIONS

Persons other than myself that may call for or pick up records, reports or medication

INITIAL ALL THAT APPLY AND SPECIFY NAMES

____ spouse _____
____ children _____
____ parents _____
____ grandparents _____
____ others _____

(printed patient name)

(date)

(signature of patient/guardian)

Patient Name: _____ Date: _____

Notice of Privacy Practices for RODONAIA FAMILY MEDICINE & AESTHETICS

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

This Notice of Privacy Practices describes how Rodonaia Family Medicine & Aesthetics, its medical staff members, employees, may use and disclose your protected health information (PHI) for purposes of treatment, payment and health care operations, and for other purposes that are permitted or required by law.

I. OUR RESPONSIBILITIES:

Rodonaia Family Medicine & Aesthetics takes the privacy of your / your child's health information seriously. We are required by law to maintain the privacy of your health information and provide you with this Notice of Privacy Practices. We will abide by the terms of this Notice of Privacy Practices. We reserve the right to change this Notice of Privacy Practices and to make any new Notice of Privacy Practices effective for all protected health information that we maintain. Any new Notice of Privacy Practices adopted will be posted in the Patient Registration area and made available at your next appointment.

II. WHAT IS "PROTECTED HEALTH INFORMATION" (PHI)?

Protected health information ("PHI") is demographic and individually identifiable health information that will or may identify the patient and relates to the patient's past, present or future physical or mental health or condition and related health care services.

III. WHAT DOES "HEALTH CARE OPERATIONS" INCLUDE?

Health care operations include activities such as communications among health care providers, conducting quality assessment and improvement activities; contracting with insurance companies; conducting medical review and auditing services; compiling and analyzing information in anticipation of or for use in legal proceedings; and general administrative and business functions.

IV. HOW IS MEDICAL INFORMATION USED?

Rodonaia Family Medicine & Aesthetics uses medical records as a way of recording health information, planning care and treatment and as a tool for routine health care operations. Your insurance company may request information such as procedure and diagnosis information that we are required to submit in order to bill for treatment we provide to the patient. Other health care providers or health plans reviewing your records must follow the same confidentiality laws and rules required of Rodonaia Family Medicine & Aesthetics.

Patient records are also a valuable tool used by our staff in finding the best possible treatment for diseases and medical conditions. All Rodonaia Family Medicine & Aesthetics staff must follow the same rules and laws that other health care providers are required to follow to ensure the privacy of patient information. Information that may identify patients will not be released for staff purposes to anyone outside of Rodonaia Family Medicine & Aesthetics without written authorization from the patient or the patient's parent or legal guardian.

V. EXAMPLES OF HOW MEDICAL INFORMATION MAY BE USED FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS

- Medical information may be used to justify needed patient care services, (i.e., lab tests, prescriptions, treatment protocols, research inclusion criteria).
- We will use medical information to establish a treatment plan.
- We may disclose protected health information to another provider for treatment (i.e. referring physicians, specialists and providers at Affiliate Clinics.)
- We may submit claims to your insurance company containing medical information and we may contact their utilization review department to receive pre-certification (prior approval for treatment).
- We may use the emergency contact information you provided to contact you if the address of record is no longer accurate.
- We may contact you to remind you of the patient's appointment by calling you or mailing a postcard.
- We may contact you to discuss treatment alternatives or other health related benefits that may be of interest.

VI. WHY DO I HAVE TO SIGN A CONSENT FORM?

When you, as the patient or the parent or guardian of a patient, sign a consent form, you are giving Rodonaia Family Medicine & Aesthetics permission to use and disclose protected health information for the purposes of treatment, payment and health care operations.

IX. WHY DO I HAVE TO SIGN A SEPARATE AUTHORIZATION FORM?

In order to release patient protected health information for any reason other than treatment, payment and health care operations, we must have an authorization signed by the patient or the parent or guardian of the patient that clearly explains how they wish the information to be used and disclosed. The following are some examples of releases of information that require a separate authorization:

- The sharing of information and photographs for public relations activities
- Use of information in scientific and educational publications, presentations and materials related to the work at Rodonaia Family Medicine & Aesthetics
- The sharing of information with other clinical and scientific Cooperative Groups that Rodonaia Family Medicine & Aesthetics collaborates.

X. CAN I CHANGE MY MIND AND REVOKE AN AUTHORIZATION?

You may change your mind and revoke an authorization, except (1) to the extent that we have relied on the authorization up to that point, (2) the information is needed to maintain the integrity of the research study, or (3) if the authorization was obtained as a condition of obtaining insurance coverage. All requests to revoke an authorization should be in writing.

XI. WHEN IS MY AUTHORIZATION / CONSENT NOT REQUIRED?

The law requires that some information may be disclosed without your authorization in the following circumstances:

- In case of an emergency
- When there are communication or language barriers
- When required by law
- When there are risks to public health

- To conduct health oversight activities
- To report suspected child abuse or neglect
- To specified government regulatory agencies
- In connection with judicial or administrative proceedings
- For law enforcement purposes
- To coroners, funeral directors, and for organ donation
- In the event of a serious threat to health or safety

XIV. YOUR PRIVACY RIGHTS

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

1. You have the right to inspect and copy your health information.

This means you may inspect and obtain a copy of your PHI that is contained in a "designated record set" for so long as we maintain the PHI. A designated record set contains medical and billing records and any other records that Rodonaia Family Medicine & Aesthetics uses in making decisions about your healthcare. You may not however, inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and certain PHI that is subject to laws that prohibit access to that PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have the right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

2. You have the right to request a restriction of your health information.

This means you may ask us to restrict or limit the medical information we use or disclose for the purposes of treatment, payment or healthcare operations. Rodonaia Family Medicine & Aesthetics is not required to agree to a restriction that you may request. We will notify you if we deny your request. If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by contacting our Privacy Officer.

3. You have the right to request to receive confidential communications by alternative means or at alternative locations.

We will accommodate reasonable requests. We may also condition this accommodation by asking you for an alternative address or other method of contact. We will not request an explanation from you as the basis for the request. Requests must be made in writing to our Privacy Officer.

4. You have the right to request amendments to your health information.

This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with our Privacy Office and we may prepare a rebuttal to your statement and will provide you with a copy of this rebuttal. If you wish to amend your PHI, please contact our Privacy Officer. Requests for amendment must be in writing.

5. You have the right to receive an accounting of disclosures of your health information.

You have the right to request an accounting of certain disclosures of your PHI made by Rodonaia Family Medicine & Aesthetics. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Privacy Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, to family or friends involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years.

6. You have the right to receive a paper copy of this Notice of Privacy Practices

XV. WHAT IF I HAVE A QUESTION / COMPLAINT?

If you have questions regarding your privacy rights, please contact the Rodonaia Family Medicine & Aesthetics Privacy Officer Natia Pelaez at (409) 923-1617. If you believe your privacy rights have been violated, you may file a complaint by contacting the Rodonaia Family Medicine & Aesthetics Privacy Officer Natia Pelaez at (409) 923-1617 or via email at info@rodond.com. You may also contact the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. The address for the Secretary of the Department of Health and Human Services is:

Office of Civil Rights
 U.S. Department of Health and Human Services
 Atlanta Federal Center
 Suite 3B70
 61 Forsyth St., S.W.
 Atlanta, GA 30303-8909
 (404) 562-7886 (phone)
 (404) 562-7881 (fax)
 (404) 331-2867 (TDD)
www.hhs.gov/ocr/hipaa

ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I have reviewed these offices Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

 Signature of Patient or Personal Representative

 Date

 Name of Patient or Personal Representative

 Description of Personal Representative's Authority

Rodonaia Family Medicine & Aesthetics Financial & Cancellation Policy

To our patients:

Thank you for selecting our office for your medical care. In order to prevent any misunderstanding concerning the responsibility for payment for medical services provided to our patients, the following information is supplied:

The patient or their guarantor is responsible for payment for services provided by **Rodonaia Family Medicine & Aesthetics** at the time of service. **RFMA** accepts HMO/PPO/POS, Medicaid, or Medicare insurance policy. If there is any remaining balance after Insurance payment(s), the Patient is responsible for the balance due payment.

We accept the following forms of payments:

- Cash
- Check
- Debit Cards
- All credit cards

We will furnish you with a copy of your bill at each visit. Charges for an office visit will be included on your bill. Additional services such as laboratory and radiology are additional charges and you will be billed separately by the office that performs those services. '.

Regretfully, we have been forced to institute Cancellation Policy due to a large volume of last-minute cancellations, and "no-shows." We have a very busy practice. Assuring that all our established and new patients have access to the doctor when necessary is a constant challenge. **Please be aware that cancellation fee of \$25.00 will be billed to patient.**

- If you cancel your appointment with less than 24 hours of notice, or fail to show for your appointment without notification, you will be charged/billed \$25.00

**AUTHORIZATION TO RELEASE INFORMATION AND PAY
BENEFITS**

In the event that my insurance company denies payment for services rendered, I accept responsibility for the payment due depending on my insurance company's contract with **Rodonaia Family Medicine & Aesthetics**.

In the event that I am not covered by insurance, I understand that I am responsible for payment in full. Patients enrolled in Weight Loss Program are responsible for payments in full on the day of service. **Prescriptions are refilled every 30 days with a mandatory evaluation appointment.** Without follow up appointment refill requests by the patient or pharmacy will not be authorized.

I hereby authorize **Rodonaia Family Medicine & Aesthetics** to release any information acquired in the course of my examination or treatment that may be necessary to process my claim. In consideration of services rendered, I hereby authorize payment, not to exceed reasonable and customary charges, directly to **Rodonaia Family Medicine & Aesthetics**.

Patient Signature: _____

Date: _____

Responsible Party: _____

Date: _____