

Elmhurst Dermatology

103 N. Haven Rd., Ste. 7, Elmhurst, IL 60126

As a Patient or Authorized Representative I agree to the following:

- Consent to Retrieve Prescription History from external sources
- Permission for Minor Procedures including, Skin Biopsies, Cryotherapy, Draining of Cysts, Removals and other minor procedures
- Acceptance of Financial Policy
- Receipt of Notice of Privacy Practices information.
- I give Elmhurst Dermatology permission to take my HIPPA contacts verbally and document contact's info in my chart, with no separate signature

Retrieve Prescription History Consent

I consent Elmhurst Dermatology to retrieve prescription medication history from using external sources which includes but not limited to other healthcare providers, third party pharmacy benefit payers managers, etc., for treatment purposes only. I understand that my prescription history may be viewable by my providers and staff, and it may include prescriptions dating back for several years.

I understand that this Retrieve Prescription History Consent will be valid and remain in effect as long as I attend or receive services from Elmhurst Dermatology, unless revoked by me in writing.

Minor Procedure Consent

The nature and purpose of the minor procedure as well as the therapeutic alternatives are explained and documented in the progress notes. The physician will fully explained to me what will happen during the minor procedure and physician will answer all of my questions. In addition, I understand that complications such as infection, bleeding, bruising, hematoma, swelling, loss of skin sensation, nerve damage, scarring, allergic reaction to local anesthesia, and death may occur. I also understand that no promise as to therapeutic, symptomatic, or cosmetic outcome has been made to me by my physician.

I also give the physician permission to take photographs of my skin lesions and/or any tissue removed before, during and/or immediately following the procedure, and on subsequent office visits. I understand that these photographs may be used for publication, for educational or research purposes, and may be published in professional journals or medical books or in the event of legal action. I will not be identified by name and my features will be protected. I also release the physician from any liability in connection with the use of such photographs for promotional purposes.

I understand that I have the right to refuse any medical/surgical treatment recommended at any time prior to its performance. I authorize my physician to perform such additional procedures

Financial Policy

Thank you for selecting Elmhurst Dermatology, P.C. for your dermatologic care. In order to prevent any misunderstanding concerning the responsibility regarding payment for medical/surgical care and/or any laboratory fees, the following information is provided:

HMO/PPO/Other Insurance Coverage: If you have insurance through a company we have contracted with, we will require a copy of your insurance card and a driver's license. **All co-payments are due prior to seeing the physician.** If your insurance carrier requires a referral from your primary care physician, this must be present at the time of service. Failure to provide all necessary information may require you to pay in full on the date of the visit. It is your responsibility to keep track of the referral expiration dates and the number of visits given by your primary care physician. You will be responsible for any services by your insurance carrier as not medically necessary and/or not covered.

Medicare: Our physicians are participating Medicare providers and accept Medicare assignment, which is the ALLOWABLE charge approved by Medicare. Medicare will pay 80% of the allowable charges after you pay for your annual deductible. You are responsible for any amounts applied to your deductible and the 20% co-insurance. If you have a secondary insurance, as a courtesy we will submit to that particular carrier any remaining balance. You will also be responsible for any services denied by your insurance carrier as not medically necessary and/or not covered.

Laboratory: Depending on your insurance carrier's policy, you may be required to pay a separate co-payment for any specimen taken during your visit.

Self-Pay Patients (Will Pay): For patients with no insurance, payment in full is due at the time of service/visit.

Cosmetic Patients: The balance of the charge is required prior to the procedure being performed.

Payments: Payments can be made by cash, check, VISA, MasterCard, or Discover

Appointment Cancellation Fee: If you are unable to keep your appointment, please call at least 24 hours in advance and speak with a front desk representative or leave a message. If you do not give sufficient notice you may be subject to a \$35 fee.

Financial Policy:

Financial Information: Either your social security number or credit card on file is required. Subsequent to your visit a claim will be processed thru your insurance. Any remaining balance (resulting from deductible, co-insurance, etc.) is then billed to you or charged to your credit card. Balances under \$250 will be a one-time charge per date of service. For balances over \$250, monthly increments of \$250 will be charged until the balance is paid in full. All patient balances are due and payable within 30 days after insurance explanation of benefits has been received. Unpaid balances will be turned over to a collection agency after 60 days. The patient or patient guarantor, if patient is a minor, is responsible for all collection costs including agency fees of \$20, attorney's fees and any costs incurred by Elmhurst Dermatology in collecting for services rendered.

Returned Checks and Collections: A charge of \$40 will be made for all returned checks. In the event that any action is brought to collection, I agree to pay the 50% fee for collections cost and/or any reasonable attorney fees.

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Pledge Regarding Your Health Information

We understand that information about you and your health is personal. We are required by law and committed to maintaining the privacy of this information. Each time we provide services, we create a record of the care and services you receive. We need this record to provide quality care and to comply with certain legal requirements. This notice applies to all of your information and the records of your health care generated by us or received by us from you or others.

Along with safeguarding your personal health information, we must also make available this notice of our legal duties and privacy practices, and we must follow the terms of the notice currently in effect. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights of access, amendment, control, and other rights concerning the use and disclosure of your health information. Elmhurst Dermatology is also required to notify you if your health information is breached.

If you are the parent, legal guardian, or personal representative of the patient, the references herein such as "...your personal health information..." shall be understood to refer to that patient.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us, directly to our Privacy Officer: Goretti Rivera, 103 N. Haven Road, Suite 7 Elmhurst, IL 60126, 630-832-2111. You can also file a complaint with the Secretary of the Department of Health and Human Services at www.hhs.gov or in writing to any regional HHS office. There will be no retaliation for filing a complaint.

How We May Use and Disclose Your Health Information

The following categories describe different ways that we may USE your health information within Elmhurst Dermatology, and DISCLOSE your health information to persons and entities outside of Elmhurst Dermatology. We have not listed every use or disclosure within the categories, but give some examples for understanding.

Common Uses and Disclosures Allowed by Law

Treatment: We may use your health information to provide you treatment and services. We may disclose health information about you to others who are involved in your care.

Payment: We may use and disclose your health information so the treatment and services you receive at Elmhurst Dermatology may be billed to and payment collected from you, an insurance company or a third party. We may also disclose health information to your insurance plan to obtain prior authorization for treatment and procedures.

Health Care Operations: We may use and disclose your health information for health care activities such as: quality assurance; administration; Elmhurst Dermatology financial and business planning and development; and customer service (including investigation of complaints). These uses and disclosures are necessary to operate our health care facility and make sure patients receive quality care.

Business Associates: Some services may be provided to our organization through contracts with business associates, such as: accountants; consultants; quality assurance reviewers; billing and transcription services. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. Business associates are required to sign a contract that states they will appropriately safeguard your information.

Contacting You About Your Health: We may use and disclose health information to contact you, such as a reminder about an appointment or other treatment options at Elmhurst Dermatology.

Fundraising: If we are going to contact you as part of a fundraising effort, you will have a simple way to opt out of these contacts.

Individuals Involved in Your Care: We may disclose health information about you to a friend or family member who is involved in your care, unless you tell us in advance not to do so.

Other Laws: At times there may be federal, state or local laws that require us to use or disclose health information in other ways, or give you additional privacy protections. We will obey those laws.

Special Situations Which Do Not Require Your Authorization

The following disclosures of your health information are permitted by law without any oral or written permission from you:

Public Health Activities: We may disclose health information about you for public health activities, including:

- * To prevent or control disease, injury or disability.
- * To report births and deaths.
- * To report child abuse or neglect.
- * To report reactions to medications, problems with products or other adverse events.
- * To notify people of recalls of products they may be using.
- * To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- * To avert a serious threat to you or others. These disclosures would be made only to someone able to intervene.
- * To notify the appropriate government authority if we believe a patient has been the victim of abuse (including child abuse), neglect or domestic violence.
- * Immunization records to a school requiring such for entry, provided informal approval is given by a parent, guardian, or the patient if the patient is an adult or emancipated minor.
- * To Disaster Relief agencies (such as the Red Cross) for notification as to your location and condition.
- * If you are an organ donor, we may release health information to the organizations that handle the process, as necessary to facilitate the donation.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Worker's Compensation: We may release health information about you for worker's compensation or similar programs if you have a work related injury.

Health Oversight Activities: Elmhurst Dermatology may disclose health information to a health oversight agency for activities authorized by law. These include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may be required to disclose your health information in response to a court order, administrative order, subpoena, discovery request or other lawful process by someone involved in the dispute.

Law Enforcement: We may disclose health information to law enforcement officials for reasons such as:

- * In response to a court order, subpoena, warrant, summons or similar process.
- * To identify or locate a suspect, fugitive, material witness or missing person.
- * About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement.

- * About a death we believe may be the result of criminal conduct.
- * About criminal conduct at our facility.
- * In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Health Records of Deceased Patients: We may disclose health information to a coroner or medical examiner, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral home directors as necessary to carry out their duties. We may disclose to relatives or close personal friends who were involved with the patient's care prior to death, health information relevant to their involvement. HIPAA privacy protections continue until 50 years after the patient's death.

National Security and Intelligence Activities: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Legal Requirements: We will disclose health information about you without your permission when required to do so by federal, state or local law.

Other Uses and Disclosures Require Your Authorization

Other uses and disclosures of health information not covered by this notice or applicable laws will be made only with your written permission (called "authorization"). If you do give authorization in some instance, you may revoke that authorization in writing at any time. Uses and disclosures of your personal information that require your authorization include marketing functions, and most disclosures that involve sale of health information.

Your Health Information Rights

You have the following rights concerning your health information:

- 1. Request a restriction on certain uses and disclosures of your information.** We may agree to your request but are not required by law to do so, with the one following exception...
- 2. Restricting disclosures to health plan or insurance for treatment you pay for in full.** If you pay in full at the time of service and request we not disclose the information to your health plan or insurer, we must and will comply.
- 3. Obtain a copy of this Notice of Privacy Practices upon request.**
- 4. Inspect and/or request a copy of your health record.** You must make the request in writing, and we have 30 days to comply.
- 5. Request an amendment to your health record** if you feel the information is incorrect or incomplete. Elmhurst Dermatology may deny your request if, for instance, we believe it is accurate and complete as it stands.
- 6. Obtain an accounting of disclosures of your health information.** This will include the times when someone used or disclosed your health information other than the allowed common uses and disclosures, or uses and disclosures that you authorized.
- 7. Request communication of your health information by alternative means or locations.**
For instance: an address or phone number other than your home.
- 8. Revoke a previously agreed upon authorization** except to the extent that action has already been taken.

For more information contact our privacy officer: Goretta Rivera, 103 N. Haven Road, Suite 7
Elmhurst, IL 60126, 630-832-2111.

We reserve the right to change this notice, and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. A copy of the current notice in effect will be available at Elmhurst Dermatology.