

GALVESTON DERMATOLOGY, P.A.
1501 BROADWAY ST. GALVESTON, TEXAS
PHONE: 409-763-2452

HIPAA PATIENT CONSENT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

The Notice contains a Patients Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such revocation shall not affect any disclosures we have already made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The Patient understands that:

- Protected health information may be disclosed or used for treatment, payment or health care operations.
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- The Practice reserves the right to change the Notice of Privacy Policies.
- The Patient has the right to restrict the uses of their information.
- The Patient may revoke this Consent in writing at any time and all future disclosures will then cease.
- The Practice may condition treatment upon execution of this Consent.

No insurance can be billed on the patient's behalf without this signed HIPAA consent form, therefore same day of service payment in full for any services will be required.

This HIPAA Consent was signed by: _____

Please print

Signature of Patient or Guardian

Today's Date: _____

EFFECTIVE DATE: 4/14/03

OFFICE POLICIES

NEW PATIENT INFORMATION

If a patient has not been seen in three or more years, they are considered a new patient.

It is the patient's responsibility to notify the reception desk at the time of appointment of:

1. New address information
2. All current insurance coverage and changes

Dr. Ramón L. Sánchez is currently not accepting:

1. Worker's Compensation patients
2. Medicaid patients

SKIN TAG/NORMAL MOLE REMOVAL

WE WILL NOT BE ABLE TO REMOVE SKIN TAGS OR NORMAL MOLES under insurance, as all insurance companies and Medicare restrict coverage to medically necessary procedures. We are sorry for any inconvenience.

PAYMENT POLICY:

- We accept cash, check, MasterCard, Visa and Discover.
- Co-pays are part of a contractual agreement between you and your insurance company. **We can not waive co-pays.**

OVERDUE/BAD DEBT BALANCES of three months or more must be paid prior to seeing the doctor.

INSURANCE PATIENTS:

IF YOU DO NOT HAVE YOUR INSURANCE CARD, YOU WILL BE CONSIDERED A CASH PATIENT. In order to be considered an insurance patient, the patient must have ALL of the following information: Insurance company name, address, phone number, policy number, group number, employer information and policy holder information.

PPO/HMO/POS PATIENTS:

- All co-pays are paid at the time of service.

AUTHORIZATIONS/REFERRALS:

If you are enrolled in an HMO or POS which requires an authorization/referral from your Primary Care Physician, you must have the authorization/referral obtaining process completed in order to be seen by the physician. If you arrive without completing the authorization/referral process, you have two options:

1. You can reschedule
2. You can pay for the visit at the time of service, prior to seeing the doctor

I have read the above and understand my obligations.

Signature of Patient

Date