



Patient Name: _____ Date of Birth: ___/___/___
(PRINT)

Oakview Dermatology adheres to the following HIPAA guidelines set forth by the United States Department of Health and Human Services and the Office for Civil Rights:

Patient Consent

The patient listed above or the legal representative of the patient listed above understands:

- Reminders of upcoming scheduled appointments may be left on an answering machine or with a family member.
- Protected Health Information (PHI) may be disclosed or used for treatment, payment, or health care operations.
- Oakview Dermatology has a "Notice of Privacy Practices" that can be reviewed by the patient at any time.
- Notification regarding the availability of pathology or laboratory results may be left on an answering machine or with a family member BUT the actual results WILL NEVER be left to anyone other than the patient or family member(s) listed below.
- All of the "Financial and Privacy Policies" listed on the next page and will adhere to them when applicable.

This consent was signed by: X _____ Date: ___/___/___
(Signature of Patient or Legal Representative)

Authorization for Disclosure of Medical Records

I authorize the disclosure of any of my medical records to the following individual(s):

- | | | | |
|----|-------|--------------|-------|
| 1. | _____ | _____ | _____ |
| | Name | Relationship | Phone |
| 2. | _____ | _____ | _____ |
| | Name | Relationship | Phone |

Financial and Privacy Policy

One of our main goals here at Oakview Dermatology is providing the best care and service with maximum satisfaction. For a better understanding of our financial and privacy policies, we have provided you with a copy of the practice's guidelines that we expect all patients to abide by:

Insurance Plans:

Please make certain that you know what benefits are covered under your medical insurance policy. Your insurance policy is a contract between you and the insurance company and we are not a party to that contract. Please be familiar with your deductibles, co-payments, and percentages of coverage.

While Oakview Dermatology is happy to submit claims to your insurance company on your behalf, payments for medical services provided are your responsibility.

Some policies will not cover the entire amount of services we provide. Your individual policy will determine the allowable reimbursement amount based on applicable contracts. If reimbursement does not cover our cost or coverage is denied, the remaining balance is your responsibility.

Self-Pay Patients:

Payment is due at the time of visit for all services rendered. We offer a 20% discount for all self-pay patients who receive medical treatment from us. Payment is expected at the time of check-out to cover the office visit and any additional procedures. If further procedures are to be performed, the cost of the procedures will be discussed with the self-pay patient prior to performing them. The procedure will not be performed until payment is collected in full with the 20% discount included. We accept cash, check, and credit cards.

Cosmetic Procedures and Non-Covered Services:

Payment is due at the time of service. The patient is responsible for the payment of all cosmetic procedures and non-covered services performed. It is always the patient's responsibility to know what procedures are not covered under their insurance policy. Pre-payment may be required for some procedures.

Returned Checks:

We charge a \$25.00 service fee for any returned check. Any returned check must be paid within 10 days or the account may be turned over to a collection agency immediately.

Outstanding Balances:

Unpaid balances must be paid in full before additional services can be provided, unless other arrangements have been made through our billing office. Balances over 90 days old will be assessed a \$10.00 fee and turned over to an outside collection agency. Oakview Dermatology reserves the right to terminate the patient-physician relationship due to unpaid balances.

Adult Students Covered by a Parent's Insurance Policy:

If you are over the age of 18 and are currently on your parents' insurance, you are responsible for your bill. All co-payments are due on the day of service. We require your current address and your permanent billing address for our records.

Minors:

A parent or legal guardian must accompany all children under the age of 18. We understand that there may be times when a parent/guardian cannot accompany their teenagers or children to scheduled appointments. In those cases, we require a written consent from the parent/guardian to treat the unaccompanied minor. In the case of divorced or separated parents, the parent who brings the child in for his/her appointment is responsible for the bill.

Medical Students and Photographic Images:

Oakview Dermatology has your consent to use the photographic images taken during your visit for educational or promotional purposes. You should understand that your identity will always remain anonymous. Oakview Dermatology also has your consent to allow students in clinical areas to observe your visit. It is your responsibility to advise the provider or attending nurse in the event that you **DO NOT** consent to any of the matters above.

Medication Refill Policy:

A patient who calls our office for a prescription refill can expect his/her medication to be ready at the pharmacy of choice by 8 AM the next business day unless told otherwise by our staff.

Late Policy:

A patient who checks in ten or more minutes beyond his or her scheduled appointment time will no longer be seen in the order in which they were scheduled. If you arrive ten minutes late or more for your appointment, you will be seen when we are able to fit you in without interfering with other patients who have arrived on time. This may cause you to wait a considerable amount of time, so please be sure to always schedule your appointments appropriately.

No Show Policy:

Any patient who fails to show up for their appointment more than two times will be forced to a more restricted schedule or discharged from the practice. Cancellation notices are requested 24 hours prior to the scheduled appointment time.

Termination of the Physician/Patient Relationship:

The physician is not compelled to treat every patient who requests treatment. Once a relationship is created, a physician has an obligation to provide services to a patient as long as required or until the relationship is properly terminated in accordance with Ohio Administrative Code Section 4731-27-01. The physician has the absolute right to withdraw from the care of a patient for any reason, as long as the relationship is ended in an appropriate manner and for non discriminatory purposes. When a physician/patient relationship has been terminated, the physician will still continue to provide emergency treatment and access to services for up to thirty days from the date the termination letter was mailed.