

Please Return This Document to the Front Desk

PATIENT MEDICAL HISTORY

**Beverly Hills Skin Care
Institute**

TODAY'S DATE:

PATIENT NAME:

DATE OF BIRTH:

- 1) A. How were you referred to our office?
B. Briefly, what is the reason for your visit?
C. Is this your first visit to a Dermatologist?
- 2) Have you ever been hospitalized or had surgery? If yes, for what reason?
- 3) What Drugs are you allergic to? Other allergies?
- 4) Please list all over-the-counter and prescription medications you are currently taking:

Name/Reason For Taking

Name/Reason For Taking

- 5) Do you have a pacemaker, Irregular heart rate, heart murmur, or mitral valve prolapse?
- 6) Do you have any artificial joints, heart valves, or other prosthetics?
- 7) Do you require pre-medication with antibiotics before dental appointments?
- 8) Are you pregnant or planning pregnancy in the near future?
- 9) Are you diabetic?
- 10) Are you being treated for high blood pressure or heart disease?
- 11) Have you ever had rheumatic fever, hepatitis, or tuberculosis?
- 12) Have you ever been diagnosed as having epilepsy or seizures?
- 13) Have you ever been diagnosed with collagen or autoimmune diseases?
- 14) Are you HIV positive or do you have AIDS?
- 15) Do you have ulcers?
- 16) Have you ever had cold sores or another type of herpes virus?

- 17) Do you have photosensitivity?
- 18) Have you ever had skin cancer or any other skin diseases? If yes, what type?
- 19) Do you have any other disease or condition not previously listed? (asthma, thyroid, cancer, etc.)?
- 20) Is there a family history of skin cancer or skin disease? If yes, what type?
- 21) Is there any other family history or other conditions that we should know about?
- 22) Do you use tobacco? How frequently and amount?
- 23) Do you drink alcohol? How frequently and amount?
- 24) What are your hobbies? Do they expose you to any chemical irritants?
- 25) What is your occupation?
- 26) How are you feeling in general today?
- 27) Do you have any special requests related to your visit today or any special concerns?
- 28) What is something that you like people to know about you?

Additional information or comments:

Payment Policy & Fee Schedule

Welcome to Beverly Hills Skin Care Institute. Please take time to read the following regarding fees and payment policies affecting each of your visits to our office:

FEES

- Our basic fees for **New Patient Office Visits** range from **\$90.00 to \$195.00** and our basic fees for **Returning Patients Office Visits** range from **\$55.00 to \$115.00**, depending on how many problems are addressed and their complexity.
- Fees for treatment are based upon the diagnosis and treatment plan agreed upon by you and your physician. If you would like the fee amount of a particular procedure prior to being treated, please let your nurse know and they will be pleased to obtain the information for you.
- A full copy of our services and fees can be obtained at the front desk.

SELF PAY PATIENTS

- If you currently are not covered under an insurance plan, all services rendered must be paid in full at the time of visit, unless the Billing Manager has approved payments terms in advance.
- We currently accept **CASH, CHECK, MONEY ORDER, VISA, and MASTERCARD** for payment.

PATIENTS WITH INSURANCE COVERAGE

- Payments for co-pays, deductibles, and non-covered services are due at the time of visit or upon receipt of your statement if not determined in advance. **WE ARE REQUIRED BY YOUR INSURANCE CARRIER TO COLLECT ANY CHARGES WHICH THEY DETERMINE TO BE THE PATIENT'S RESPONSIBILITY.**
- Your medical insurance ID card and a driver's license or state ID card must be provided for us to bill your insurance company. If you are insured through TRICARE or CHAMPVA, a copy of your military ID must also be on file.
- Date of Birth for each covered policy holder must be provided
- If any information supplied is incorrect or if your medical insurance has expired, you will be responsible for payment in full for all services rendered.

OTHER IMPORTANT INFORMATION REGARDING BILLING & APPOINTMENTS

- When you receive a bill in the mail, payment is due upon receipt. If you are unable to pay in full, please contact our office to set up payment arrangements at **(248) 723-5802**. This number can also be used for general billing inquiries.
- Late payments will be assessed a service fee of \$10.00 per monthly statement mailed unless other payment arrangements have been made.
- All patients are required to give 24 hours notice for appointment cancellations.
- Patients who have 3 missed appointments without proper notification may be released from the practice.

Thank you for choosing Beverly Hills Skin Care Institute as your provider!

I have read and understood the above financial policy and agree to its terms.

Patient Name:

Signed: _____

Relationship to Patient: _____

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Beverly Hills Skin Care Institute

HIPAA Privacy Notice Receipt Acknowledgement

Patient Name:

Patient DOB:

I have received the HIPAA Notice of Privacy Practice for Beverly Hills Skin Care Institute.

Printed Name

Signature of Acknowledgement

Date

Name If you Represent the Patient

Relationship

SAMPLE: To be reviewed and approved by Internal Counsel prior to use

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient Name	Date of Birth	Social Security Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with MI State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. INDIRA C. MISRA HIGGINS, DO PLLCuses SureScripts, Inc., a prescription system that allows prescriptions and related information to be exchanged between my providers and the pharmacy. The information sent between these systems may include details of any and all prescription drugs I am currently taking and/or have taken in the past. This information will be utilized to INDIRA C. MISRA HIGGINS, DO PLLC.
2. This authorization may include disclosure of prescription information related to alcohol and drug abuse, mental health treatment, and/or confidential HIV related information by SureScripts, Inc. to INDIRA C. MISRA HIGGINS, DO PLLC
3. I have the right to revoke this authorization at any time by writing to INDIRA C. MISRA HIGGINS, DO PLLC. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. Signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be re-disclosed by the recipient, and this re-disclosure may no longer be protected by state or federal law.
6. This authorization expires one year from the date of my signature below.
7. THIS AUTHORIZATION DOES NOT AUTHORIZE INDIRA C. MISRA HIGGINS, DO PLLC TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THOSE PERMITTED UNDER APPLICABLE LAW.

Signature of patient or representative authorized by law	Date
Relationship to Patient	Interpreter, if utilized
Witness Signature	

****Please review and update the information below to the best of your ability.****

Patient Registration

CURRENT PATIENT INFORMATION -- PLEASE PRINT

Last Name:
First Name:
Middle Name:
Address:
City: , State:
Zip:
Home Phone:
Work Phone:
Mobile Phone:
Sex:
Date of Birth:
Social Security No.:
Patient email:

Guarantor Information (to whom statements are sent)

Name:
Address:
Relationship to patient: _____
Date of Birth:
Social Security No.:
Phone: () _____ - _____

Emergency Contact Information

Name:
Relationship:
Phone:
Mobile Phone:() _____ - _____

Primary Insurance Information

Insurance Plan Name:

Policy Holder (if other than patient)

Last Name:
First Name:
Middle Name:
Address:
City: State: Zip:
Date of Birth: Sex (please circle): **M** or **F**
Employer Name:

Policy Information

Patient's relationship to policy holder:
ID/Certification No.:
Policy/Group No.:

Secondary Insurance Information

Insurance Plan Name:

Policy Holder (if other than patient)

Last Name:
First Name:
Middle Name:
Address:
City: State: Zip:
Date of Birth:, Sex (please circle): **M** or **F**
Employer Name:

Policy Information

Patient's relationship to policy holder:
ID/Certification No.:
Policy/Group No.:

ASSIGNMENT AND RELEASE:

- I hereby assign my insurance benefits to be paid directly to the physician.
- I understand that I am financially responsible for all non-covered services, copays, deductibles and/or coinsurance. I authorize and give consent for my provider to bill me directly for recommended services performed that are not covered under the terms of my health plan.
- I authorize the physician to release any medical information required to process this claim.
- I authorize my provider's office to contact me by telephone to remind me of my appointments.
- A fee for no shows may apply.

Signed _____ Date: _____

Notice of Privacy Practices

BEVERLY HILLS SKIN CARE INSTITUTE, PLLC Notice of Privacy Practices

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.

You will be asked by your physician to sign a form acknowledging receipt of this Notice of Privacy Practices.

Beverly Hills Skin Care Institute has always taken steps to respect the privacy of your information. Effective April 14, 2003, federal law made these rights law. In some cases, the laws of Michigan will provide additional protections.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by accessing our website or by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. Uses and Disclosures of Protected Health Information

Permitted Uses and Disclosures of Protected Health Information

Subject to the terms of this notice your protected health information will be used and disclosed by Beverly Hills Skin Care Institute, its physicians and office staff, and by others outside of our office that are involved in your care and treatment, for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

Following are examples of the types of uses and disclosures of your protected health care information that are permitted under this notice:

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment

activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

Other Uses and Disclosures of Protected Health Information May Only Be Made Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your separate written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures and Your Rights to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: Unless you object, we may use or disclose your protected health information in an emergency treatment situation.

Communication Barriers: We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgement, that you intend to consent to use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we

believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

2. Your Rights

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.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any

restriction you wish to request with your physician. You may request a restriction by notifying us in writing of any requested restrictions.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information 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 for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our office at (248) 723-5802 or bhskin@sbcglobal.net for further information about the complaint process.

This notice was published and becomes effective May 14, 2008.