Bruce H. Paley, DO

1851 Old Moultrie Road, Saint Augustine, FL 32084
St Augustine: 904-824-8088 Palatka: 386-325-3113

Patient Information Form

Patient Name		Marital Status ☐Single ☐Married ☐Divorced ☐Widowed		Sex ☐ M ☐ F
Street Address		City	State	Zip Code
Social Security Number	Date of Birth	Daytime Phone Number		☐ Work ☐ Cell
Emergency Contact Name	Emergency Contact Phone Number	Alternate Phone Number		☐ Work ☐ Cell

I, _____ (Printed Patient Name), hereby authorize payment of medical benefits to the above named physician for all services rendered. I understand I am financially responsible for any balance not covered by my insurance carrier. I authorize the above named physician's office to mail, copy, or request medical records from health care providers, agencies and insurance carrriers as needed.

_____
Patient Signature

_____
Date

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Patient Questionnaire

PLEASE PRINT				Date	
Name				Age	Height
Allergies					
Prior Medical Conditions	1.				
	2.				
	3.				
Prior Surgical Procedures	1.				
	2.				
	3.				
Social History	1. Do you smoke?	Current ☐ Former ☐		Date Started _____ Date Stopped_____	Never Smoked ☐
	2. Do you consume alcohol?	Current ☐ Former ☐		Date Started _____ Date Stopped_____	Never Drank ☐
	3. What is your occupation?				
	4. Who else lives with you?				
Current Medications					
Have either of your parents been diagnosed with any of the following conditions?	1. Cancer	Father	Mother	Type/Location/Date	
	2. Colon Polyps				
	3. Stroke				
	4. Heart Attack				
Do you have any of the following skin concerns?	1. Itching	YES	NO	Onset/Location	
	2. Swelling	YES	NO		
	3. Rash	YES	NO		
	4. Irregular Moles	YES	NO		
	5. Moles that have increased in size	YES	NO		
	6. Skin cancer	YES	NO		

I hereby request and consent to examination and treatment by Dr. Bruce H. Paley, D.O.

Patient Signature _____ Date _____

DR. BRUCE H. PALEY, PROFESSIONAL ASSOCIATION

Notice Of Privacy Practices

As your personal physician, we keep your personal health information in the utmost confidence. Your medical record is actually the property of the medical office. You may obtain a copy of that information with your signed release and the usual copying fee.

Your doctor, medical assistant and clerical assistants have access to your records for your treatment. We maintain physical, electronic and procedural safeguards that comply with federal standards to protect your personal information. We do not disclose information except as permitted by law.

Your legal rights under the terms of the HIPAA privacy rule:

- **Patients have an enforceable legal right to review and copy their medical records,** based on the theory that access is the cornerstone of patient privacy policy and fair information practices. (45 CFR 164.524). Within 30 days of request, a covered entity must allow an individual to review records. If the information is not accessible onsite, the covered entity has 60 days to comply, though an extension can be given if the covered entity provides a written statement of the reasons for delay and the specific date by which it will comply.
- **Patients have the right to amend incorrect data in their medical records** (45 CFR 164.526). Within 60 days of request, a covered entity must amend a patient's information (with limited exceptions) as indicated and provide the amendment to all entities known to have received the objectionable information. Similar to the Fair Credit Reporting Act, if a request to amend or supplement information is denied, the HIPAA privacy rule gives the individual the right to file a statement disagreeing with the denial, which will be included in the records.
- **Patients have the right to an accounting of all disclosures of their personal information** to third parties by a covered entity (45 CFR 164.528).
- **Patients have the right to a written summary of their health condition.** At the individual's request, a provider must write a summary or explanation of the individual's health condition,
- **Exceptions:** A patient may be denied access to records if a provider believes such access could endanger the physical safety of the individual or others. Also patient access may be denied for some psychotherapy notes, for information compiled for a lawsuit, or for certain other limited circumstances. All denials of patient access are subject to review and appeal.
- The content of most patient records falls within the definition of Protected Health Information (PHI).
- The office of Civil Rights enforces compliance of the HIPAA privacy rule and has full responsibility for correcting and/or punishing violations.

We are permitted to disclose information about you to:

- Pharmacist
- Laboratory
- X-Ray facilities
- Consulting Specialists
- Your insurance company
- Your employer, if the employer pays for the visit
- Your spouse, children or those who help care for you
- Report a communicable disease to the Health Department
- Report child abuse
- Report elder abuse
- Court orders or subpoenas
- Government medical quality audits
- Collections agencies

By signing this form, I acknowledge that I understand my rights under the HIPAA privacy rule:

PRINT FULL NAME	SIGNATURE	MONTH / DAY / YEAR DATE