

New Patient Registration

PLEASE PRINT AND COMPLETE IN FULLPatient's Legal Name: _____
First Middle LastBirthdate: _____ Gender: Male _____ Female _____
MM/DD/YYYY

Patient's Street Address: _____

City State Zip

Home Phone Number: _____ - _____ - _____ Cell Phone Number: _____ - _____ - _____

Work Phone Number: _____ - _____ - _____ **Email Address:** _____
Ext: _____ (for patient portal access)

Parent/Guardian Name (if under 18): _____

Emergency Contact Name: _____ Phone Number: _____

Relation to Patient: _____

Do you have any allergies? Please list: _____

Preferred Pharmacy: _____**Medications/supplements**

Name	Dose	Directions

_____ If you have additional medications please check here and continue the list on the back of the page.

Please let staff know if you are on Medicare, Medicaid or Badger Care. Thank you.

Please bring any insurance cards you may have, in case a referral is needed.

PATIENT CONSENT FORM 2022

Consent to Treatment: I recognize that I need medical services. I consent to care and treatment at ReforMedicine, SC by its physician(s), advanced practice clinician(s), and/or medical assistant(s). I understand that the practice of medicine is not an exact science and that any treatment and/ or prescribed medication may involve risk, benefit(s), and/or side effect(s). I understand that I will be informed about the availability of alternate modes of treatment or procedures and their benefits and risks, including opting for no treatment at all, except in emergencies.

Use of Medical Information: I understand, consistent with Wisconsin and federal law, ReforMedicine, SC will share all medical information as necessary for continuation of care with any other medical institution or person(s) as allowed by law. As an example, I understand that ReforMedicine, SC does not have an in-house lab and uses an out-sourced medical laboratory. My lab work and personal information is shared to accomplish lab testing I may desire. Privacy and confidentiality of personal health information is important at ReforMedicine, SC. There are policies in place to ensure that personal health information is available only to authorized persons who need access to this information to provide medical care. No patient information leaves this office either electronically, by fax, or paper record without specific, written authorization by you, the patient.

Financial Agreement: I acknowledge that I am responsible for all charges for services provided for me, my spouse, and/or my dependent(s) payable in full on the day that services are rendered. I understand that REFORMEDICINE, SC DOES NOT FILE OR BILL INSURANCE OF ANY TYPE because this clinic is a direct primary care practice and therefore, does not have the equipment, systems, business strategy, and personnel necessary to file insurance and collect claims.

Because ReforMedicine, SC does not affiliate with any insurance companies, this clinic can dramatically reduce fees and costs and pass the savings on to you, the patient. ReforMedicine, SC offers these reduced fees while providing excellent service and top quality personalized medical care. This practice and fee schedule will be beneficial for those in our community who do not have health insurance. It will also be appealing to those who have insurance but who do not want to wait long periods of time to be seen by a doctor on their insurance plan. In addition, this practice may be appealing to those who carry high health insurance deductibles. ReforMedicine, SC's primary goal is to make it easy for those in our community to access quality healthcare without the hassle or drawbacks associated with managed care. ReforMedicine, SC does NOT sign contracts with insurance companies that cause us to have insurance companies' interests ahead of our patients.

FOR MEDICARE PATIENTS ONLY:

At ReforMedicine, SC, our top priority is you and your health, not your insurance plan. Some services provided by us such as routine office visits, physicals, and some lab work could be covered by Medicare if we were a Medicare provider. ReforMedicine, SC has never accepted any payment from Medicare nor ever billed Medicare. Since we have opted out of being a Medicare provider, we are only able to provide your care under a private contract. This means you agree to pay ReforMedicine, SC for our services and those costs will not be reimbursed by Medicare. This only applies to the care we provide. Many times, people will ask what happens if we refer them to a specialist, to the local hospital, or for other Medicare covered products or services that we do NOT provide (i.e., wheelchairs, MRIs, X-rays, etc.) All of these services are still covered by Medicare for the patients by other health care practitioners.

Understanding the fixed income of some people on Medicare, ReforMedicine, SC has significantly reduced fees. In some cases, the fees charged may actually be less than your out-of-pocket cost might be if you had Medicare billed. If you would like to be a patient at ReforMedicine, SC and understand these terms, please

sign below indicating that you understand this arrangement. In addition, I will read and execute the separate private contract for care, in addition to this document, if I am such a beneficiary.

FOR ALL PATIENTS:

I acknowledge, understand and agree to the following:

I understand that failing to show up for an appointment I have scheduled, without calling or contacting ReforMedicine, SC ahead of time, represents clinic disruption to the professionals. If I should fail to call or contact ReforMedicine, SC and cancel prior to the start of the appointment, I understand NO further appointments will be scheduled for me unless I pre-pay the appointment no later than one (1) business day prior to the visit. If this should occur a second time without calling ahead to cancel or reschedule (a "no show"), **I understand that I will pay the full office visit charge for that missed appointment in addition to pre-payment for the rescheduled visit.** I have read and fully understand to my satisfaction, this entire document consisting of consent to treat, use of medical record information, financial information, Medicare notice (if applicable to me), the payment procedures of ReforMedicine, SC the "No Show" policy, and agree to pay my bill in full at the end of my visit. I have had an opportunity to ask all of my questions and receive satisfactory answers. **I understand that if I am a Medicare beneficiary, a separate private contract for care has been presented to me for signature and I agree to its terms before I may be treated.** I also authorize release of any necessary medical record information by ReforMedicine, SC and to any referrals on my behalf for the continuation of my care. This consent remains in full force and effect so long as I am a patient of this clinic, or unless revoked in writing by me. I also recognize and consent that on occasion, I may ask for a copy of lab work results or notes in person at checkout and these, if reasonable, may be provided to me. Anything further or different may require me signing a specific authorization for release.

_____ (Initials) **By my initials, I acknowledge that I have had an opportunity to review ReforMedicine S.C.'s HIPAA Policy and also acknowledge that I should request a copy, a copy will be provided to me.**

Patient:

Signature: _____ Date of Birth _____

Date: _____

Print Name: _____

Parent or Guardian of Patient:

Signature: _____

Date: _____

Print Name: _____

Print Name of Child (if Child is Patient): _____

HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) includes rules that health care providers must follow regarding personal medical record information. These new rules were designed by the U.S. Government to help you to understand how your medical record information can be used. These U.S. Government rules apply to every health care provider that transmits health information electronically.

- Protected Health Information (PHI) means any information, including demographics, whether oral, electronic, or paper, which is created or received by a health care provider and relates to your health care or payment for the provision of health care. This includes the results of your tests, and notes written by providers, as well as your name, address, and telephone number.

This notice describes how medical record information about you may be used and disclosed and how you can get access to your protected health information.

How ReforMedicine, SC Handles Your Medical Record Information

"Use" is the sharing of PHI among the employees of ReforMedicine, SC, (consisting of physicians and medical assistants) who work together for your good health. All of your information is stored in a secured electronic medical record. Everyone who works at ReforMedicine, SC is required to protect your medical record information. Health care professionals access your medical record information only when necessary, such as for treatment, payment, or health care operations.

ReforMedicine, SC Duties

ReforMedicine, SC as required by state and federal laws, keeps all PHI secured, encrypted, and confidential.

ReforMedicine, SC is required by law and will provide you with this Notice explaining the legal duties and privacy practices relating to your PHI. This Notice is posted in the clinic, posted on the ReforMedicine, SC website, and a written copy will be provided to you upon request.

- ReforMedicine, SC is required to, and will follow, the rules of this Notice currently in effect.

Fulfillment of those Duties

ReforMedicine, SC staff, employees, and independent contracted physician(s), shall access only the information necessary to perform their job and those who violate these rules are subject to discipline, up to and including termination.

Information about this Notice

The effective date of this Notice is September 22, 2013, and ReforMedicine, SC reserves the right to change the terms of this Notice in accordance with the HIPAA rules or other laws. From time to time, this Notice may be revised or updated and it will be posted in the clinic, posted on

the ReforMedicine, SC website, and made available upon patient request.

Use and Discloses of PHI

Any uses and disclosures, other than those specified in this section, will be made only with your written authorization which authorization may be later revoked by you, except to the extent that your authorization has already been relied upon.

Treatment

ReforMedicine, SC will use and disclose your PHI to provide, coordinate, or manage your care or continuing care outside of ReforMedicine, SC if need be. For example, ReforMedicine, SC utilizes an outside private independent laboratory for all testing purpose and your personal information is shared with the laboratory to accomplish such testing.

Payment

ReforMedicine, SC IS A DIRECT PAY PRIVATE MEDICAL PRACTICE. THERE IS NO TRANSMISSION, ELECTRONIC OR OTHERWISE, OF YOUR PHI FOR PAYMENT PURPOSES TO THE U.S. GOVERNMENT, MEDICARE, MEDICAID, TO ANY PRIVATE INSURANCE CARRIER, NOR ANY OTHER THIRD-PARTY PAYOR UNDER ANY CIRCUMSTANCE. Therefore, ReforMedicine, SC does not share any of your personal medical record information. However, your demographic information is shared with the bank to process your personal checks and/ or your credit card payment for medical services rendered at time of service.

Health Care Operations

Under certain limited circumstances, ReforMedicine, SC may use your PHI for various internal purposes such as monitoring and improving patient care, educational and training purposes, and improving health care and weight loss program services. An example would be that your medical record information would be reviewed to respond to a complaint or concern regarding your particular care at ReforMedicine, SC.

Patient Contacts

At times, ReforMedicine, SC may use your PHI such as your name, address, e-mail address, or telephone number to contact you to provide appointment reminders or facilitate on-line electronic scheduling of appointments through ReforMedicine, SC's secure patient portal.

Individuals Involved in Care and Notification

ReforMedicine, SC may not disclose PHI to a family member or friend involved in your care unless you provide written authorization. If family members or friends are present in the exam room while care is being provided, ReforMedicine, SC will assume your companions may hear the discussion, unless you object.

Workers Compensation

If you file an application for hearing with the Department of Workforce Development, your PHI will be disclosed, upon request, in connection with that proceeding.

ReforMedicine, SC will disclose your PHI that is reasonably related to the condition which you are claiming compensation when you report an injury to be work-related.

Patient's Rights with Respect to PHI Breach of PHI

If in the unlikely event of a breach of medical record information maintained by ReforMedicine, SC due to events such as fire, computer theft or hacking, you will be notified of such breach and circumstances as soon as practicable.

Right to Inspect and Copy

You have a right to inspect and copy your PHI maintained in your medical record. You or a person authorized by you may request a print-out of your medical record during regular business hours. To obtain a copy, you may download and print from the ReforMedicine, SC website an authorization form to complete. A reasonable fee will be charged to cover the expense of providing that paper copy to you. You also have the right to request an electronic copy of your medical record. You may request that through the secure patient portal on the ReforMedicine, SC website.

Right to Request an Amendment or Restriction

You have the right to request that your PHI maintained in the ReforMedicine, SC electronic medical record be amended. You may send in a written request to do so. The request should include a reason to support the amendment. ReforMedicine, SC may deny it. If it is denied, ReforMedicine, SC will give you a written explanation of the denial and explain your rights.

Right to Request Type of Communication

You have the right to ask ReforMedicine, SC to restrict the use or disclosure of your PHI to family members or other persons involved in your care or to request that discussions about your condition or care be between only you and your physician.

Right to Obtain a Paper Copy of the Notice of Privacy Practices

You may request a paper copy of this Notice of Privacy Practices at any time. Additionally, this Notice is posted in the clinics and on the website www.ReforMedicine.com.

Complaints

If you believe that ReforMedicine, SC has violated your privacy rights and you want to file a complaint, you may send a letter to the Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. ReforMedicine, SC respects your right to file a complaint. ReforMedicine, SC would not legally or ethically take any action against you for filing a complaint. ReforMedicine, SC reserves the right to maintain an environment that serves the best interests of its patients, their families, and the health care professionals.